

# Tampa OSHA UPA Disposition Sheet (Optional)



Establishment Name  
& Address

**Universal City Development Partners, Ltd.**

Volcano Bay ; Orlando, FL 32819

UPA Activity #

1461464

Received Date

Jun 4, 2019 12:34:00 PM

Received by

DATE

ACTION

INITIALS

6/4/19	Rec'd; processed complaint.	(b)(7)(C)
6/4/19	Assigned to (b)(7)(C) + b on 7/11	CSA
	Possible Union present	
	Contact the Complainant before	
	open the Inspection	CSA
	Open Inspection - Sent Complaint via	
	email See email	CSA
6/5/2019	Opened inspection at facility	(b)(7)(C)
6/6/2019	Spoke to Barbara DeWoolf VP EHS Universal	
6/7/2019	Left Msg for (b)(7)(C)	
6/10/2019	(b)(7)(C)	
7/11/2019	Left Msg for (b)(7)(C)	
7/11/2019	Preview of Corrective Steps taken prior to Meeting	
	with gk	
8/30/2019	Submitted for Review / No Citations	(b)(7)(C)
9/3	(Still) Need Formal Closing	
9/3	Review - Referred to CSA for closing	CSA
9/4/2019	Corrections Completed Ready for Close	(b)(7)(C)
9/4	Closed - Referred to CSA for H-letters	CSA

## **Perez, Maveline - OSHA**

---

**From:** Sharpe, Robert (NBCUniversal, Orlando) <Robert.Sharpe@universalorlando.com>  
**To:** Perez, Maveline - OSHA  
**Sent:** Wednesday, June 5, 2019 1:17 PM  
**Subject:** Read: [EXTERNAL] OSHA Complaint No. 1461464

Your message

To:  
Subject: OSHA Complaint No. 1461464  
Sent: Wednesday, June 5, 2019 5:18:09 PM (UTC+00:00) Monrovia, Reykjavik

was read on Wednesday, June 5, 2019 5:17:14 PM (UTC+00:00) Monrovia, Reykjavik.

## Perez, Maveline - OSHA

---

**From:** Microsoft Outlook  
<MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@DOL.GOV>  
**To:** robert.sharpe@universalorlando.com; Carlos.Scheirer@UniversalOrlando.com  
**Sent:** Wednesday, June 5, 2019 12:28 PM  
**Subject:** Relayed: OSHA Complaint No. 1461464

**Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:**

robert.sharpe@universalorlando.com (robert.sharpe@universalorlando.com)

Carlos.Scheirer@UniversalOrlando.com (Carlos.Scheirer@UniversalOrlando.com)

Subject: OSHA Complaint No. 1461464



OSHA Complaint  
No. 1461464

## Perez, Maveline - OSHA

---

**From:** Perez, Maveline - OSHA  
**Sent:** Wednesday, June 5, 2019 12:28 PM  
**To:** Carlos.Scheirer@UniversalOrlando.com; robert.sharpe@universalorlando.com  
**Subject:** OSHA Complaint No. 1461464  
**Attachments:** Universal Orlando Complaint No. 1461464.pdf

Good morning,

Attached is copy of the formal complaint file to us.

---

**Maveline Pérez, MOSH**

Assistant Area Director,  
Safety/Civil Engineer

**OSHA****U.S. Department of Labor**

5807 Breckenridge Parkway #A  
Tampa, FL 33610

Direct Phn: 813-868-5194

Fax: 813-626-7015

---

**All employers must report:**

- All work-related fatalities within 8 hours
- All work-related inpatient hospitalizations, amputations or loss of an eye within 24 hours

*OSHA offers On-Site Consultations at no cost!*

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Preventing Heat Illness in Outdoor Workers



**WATER. REST. SHADE.**

**On-Site Consultation**

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**QuickTakes**

OSHA

Please visit [www.osha.gov](http://www.osha.gov) for additional information



(b)(7)(C) OSHA

**From:** DeWoody, Barbara (NBCUniversal, Orlando)  
<barbara.dewoody@universalorlando.com>  
**Sent:** Friday, July 19, 2019 4:46 PM  
**To:** (b)(7)(C) OSHA  
**Cc:** Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando)  
**Subject:** RE: Universal Orlando Inspection 1406250 - Volcano Bay  
**Attachments:** (b) (4)

(b)(7)(C)

(b) (4)

Barbara M. DeWoody, CSP  
Vice President, Environmental, Health & Safety  
Universal Parks & Resorts™



1000 Universal Studios Plaza | Orlando, FL 32819  
**Office:** 407.363.8941 | **Cell:** 407.832.7049  
universalorlando.com

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**From:** DeWoody, Barbara (NBCUniversal, Orlando)  
**Sent:** Friday, July 19, 2019 3:23 PM  
**To:** (b)(7)(C) @dol.gov' (b)(7)(C) @dol.gov>  
**Cc:** Hanebrink, John (NBCUniversal, Orlando) <John.Hanebrink@UniversalOrlando.com>; Bacchus, Lyndie (NBCUniversal, Orlando) <Lyndie.Bacchus@universalorlando.com>; Cox, Yvette (NBCUniversal, Orlando) (Yvette.Cox@universalorlando.com) <Yvette.Cox@universalorlando.com>; Grady, Hollis (NBCUniversal, Orlando) <Hollis.Grady@universalorlando.com>; Scheirer, Carlos (NBCUniversal, Orlando) <Carlos.Scheirer@universalorlando.com>  
**Subject:** Universal Orlando Inspection 1406250 - Volcano Bay

(b) (4)

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(b)(7)(C) OSHA

**From:** DeWoody, Barbara (NBCUniversal, Orlando)  
<barbara.dewoody@universalorlando.com>  
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**To:** (b)(7)(C) - OSHA  
**Cc:** Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando)  
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**Attachments:** (b) (4)

(b) (4)

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(b)(7)(C) OSHA

**From:** DeWoody, Barbara (NBCUniversal, Orlando)  
<barbara.dewoody@universalorlando.com>  
**Sent:** Monday, July 22, 2019 3:38 PM  
**To:** (b)(7)(C) - OSHA  
**Cc:** Bacchus, Lyndie (NBCUniversal, Orlando); Hanebrink, John (NBCUniversal, Orlando);  
Cox, Yvette (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando)  
**Subject:** (b) (4)  
**Attachments:** (b) (4)

(b) (4)

Barbara M. DeWoody, CSP  
Vice President, Environmental, Health & Safety  
Universal Parks & Resorts™



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<barbara.dewoody@universalorlando.com>  
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**To:** (b)(7)(C) OSHA  
**Cc:** Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando)  
**Subject:** Universal Orlando Inspection 1406250 - Volcano Bay  
**Attachments:** (b) (4)

(b) (4)

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(b)(7)(C) - OSHA

---

**From:** DeWoody, Barbara (NBCUniversal, Orlando)  
<barbara.dewoody@universalorlando.com>  
**Sent:** Wednesday, July 17, 2019 4:24 PM  
**To:** (b)(7)(C) OSHA  
**Cc:** Cox, Yvette (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Hanebrink, John (NBCUniversal, Orlando)  
**Subject:** Proprietary Letter.pdf  
**Attachments:** Proprietary Letter.pdf

(b)(7)(C)

Wanted to let you know I have returned and will be involved in the Volcano Bay investigation once again. Also, in reviewing my notes, it appears I may not have forwarded UO's "Proprietary Letter" to your attention, please find attached.

Barbara M. DeWoody, CSP  
Vice President, Environmental, Health & Safety  
Universal Parks & Resorts™



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**From:** Cox, Yvette (NBCUniversal, Orlando) <Yvette.Cox@universalorlando.com>  
**Sent:** Wednesday, July 3, 2019 6:35 PM  
**To:** (b)(7)(C) OSHA  
**Subject:** Reference Complaint #1461464  
**Attachments:** Universal Orlando - Volcano Bay Investigation Summary Report - June 2, 2019.pdf

See below.

**From:** Cox, Yvette (NBCUniversal, Orlando)  
**Sent:** Wednesday, July 03, 2019 5:16 PM  
**To:** (b)(7)(C) @dol.gov' (b)(7)(C) @dol.gov>  
**Cc:** DeWoody, Barbara (NBCUniversal, Orlando) <barbara.dewoody@universalorlando.com>; Hanebrink, John (NBCUniversal, Orlando) <John.Hanebrink@UniversalOrlando.com>; Bacchus, Lyndie (NBCUniversal, Orlando) <Lyndie.Bacchus@universalorlando.com>; Scheirer, Carlos (NBCUniversal, Orlando) <Carlos.Scheirer@universalorlando.com>  
**Subject:** Reference Complaint #1461464

(b)(7)(C)

Please find attached, UO's Summary Report to be submitted into our case file relating to complaint #1461464. I would also like this email to confirm the closing conference scheduled for **July 11, 2019 @ 10 a.m. in the Volcano Bay Conference Room**. Our Team will arrange access and escort as needed.

Yvette J. Cox, SMS  
Asst. Director, Global Construction and Fire Safety | Environmental Health & Safety  
Universal Parks and Resorts™



1000 Universal Studios Plaza | Orlando, FL 32819  
Office: 407-363-8942 | Cell: 407-312-9143  
[Yvette.Cox@universalorlando.com](mailto:Yvette.Cox@universalorlando.com)

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---

**From:** DeWoody, Barbara (NBCUniversal, Orlando)  
<barbara.dewoody@universalorlando.com>  
**Sent:** Wednesday, June 12, 2019 5:33 PM  
**To:** (b)(7)(C) OSHA  
**Cc:** Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando)  
**Subject:** RE: Universal Orlando Inspection 1406250 email 2  
**Attachments:** 2019 OSHA Report\_Jan 1 to June 12.pdf; April 301s.pdf; February 301s.pdf; January 301s.pdf; June 301s.pdf; March 301s.pdf; May 301s.pdf

Second email containing remaining documents to include the 2019 300 Log and corresponding 301 forms.

Thanks,

Barb

**From:** DeWoody, Barbara (NBCUniversal, Orlando)  
**Sent:** Wednesday, June 12, 2019 5:31 PM  
**To:** (b)(7)(C) @dol.gov; (b)(7)(C) @dol.gov  
**Cc:** Hanebrink, John (NBCUniversal, Orlando) <John.Hanebrink@UniversalOrlando.com>; Bacchus, Lyndie (NBCUniversal, Orlando) <Lyndie.Bacchus@universalorlando.com>; Cox, Yvette (NBCUniversal, Orlando) <Yvette.Cox@universalorlando.com>; Grady, Hollis (NBCUniversal, Orlando) <Hollis.Grady@universalorlando.com>  
**Subject:** Universal Orlando Inspection 1406250 email 1

(b) (4)

Barbara M. DeWoody, CSP  
Vice President, Environmental, Health & Safety  
Universal Parks & Resorts™





1000 Universal Studios Plaza | Orlando, FL 32819

**Office:** 407.363.8941 | **Cell:** 407.832.7049

[universalorlando.com](http://universalorlando.com)

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<barbara.dewoody@universalorlando.com>  
**Sent:** Wednesday, June 12, 2019 5:31 PM  
**To:** (b)(7)(C) OSHA  
**Cc:** Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando);  
Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando)  
**Subject:** Universal Orlando Inspection 1406250 email 1  
**Attachments:** (b) (4)

(b) (4)

Barbara M. DeWoody, CSP  
Vice President, Environmental, Health & Safety  
Universal Parks & Resorts™



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universalorlando.com

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(b)(7)(C) - OSHA

---

**From:** DeWoody, Barbara (NBCUniversal, Orlando)  
<barbara.dewoody@universalorlando.com>  
**Sent:** Wednesday, June 12, 2019 5:15 PM  
**To:** (b)(7)(C) - OSHA  
**Subject:** RE: Universal Orlando Inspection 1406250

Ok no rush I just wanted to ensure I was not missing anything.

Thanks,

Barb

**From:** (b)(7)(C) OSHA [mailto:(b)(7)(C)@dol.gov]  
**Sent:** Wednesday, June 12, 2019 5:12 PM  
**To:** DeWoody, Barbara (NBCUniversal, Orlando) <barbara.dewoody@universalorlando.com>  
**Subject:** [EXTERNAL] RE: Universal Orlando Inspection 1406250

Hi Barbara,

I will review my notes and try to have an answer this evening or tomorrow.

Thanks

(b)(7)(C)  
Industrial Hygienist  
U.S. Department of Labor OSHA/CSHO  
Tampa Area Office  
(813) 626-1177 Ext (b)(7)(C)



**From:** DeWoody, Barbara (NBCUniversal, Orlando) <barbara.dewoody@universalorlando.com>  
**Sent:** Wednesday, June 12, 2019 4:23 PM  
**To:** (b)(7)(C) OSHA (b)(7)(C)@dol.gov>  
**Subject:** Universal Orlando Inspection 1406250

I am working to get all of the documents to you tonight or at the latest tomorrow am. I am unclear on your document request dated June 7 what your request was for item number 3. Can you please clarify?

Barbara M. DeWoody, CSP  
Vice President, Environmental, Health & Safety  
Universal Parks & Resorts™



1000 Universal Studios Plaza | Orlando, FL 32819  
**Office:** 407.363.8941 | **Cell:** 407.832.7049  
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(b)(7)(C)

OSHA

**From:** DeWoody, Barbara (NBCUniversal, Orlando)  
<barbara.dewoody@universalorlando.com>  
**Sent:** Thursday, June 6, 2019 6:40 PM  
**To:** (b)(7)(C) - OSHA  
**Cc:** Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando);  
Scheirer, Carlos (NBCUniversal, Orlando)  
**Subject:**  
**Attachments:**

(b) (4)

(b)(7)(C)

As requested please find below/attached documents/information.

(b) (4)

Barbara M. DeWoody, CSP  
Vice President, Environmental, Health & Safety  
Universal Parks & Resorts™



1000 Universal Studios Plaza | Orlando, FL 32819

**Office:** 407.363.8941 | **Cell:** 407.832.7049

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**Bob Sharpe**Asst. Director, Operations  
Volcano Bay**Universal Parks & Resorts**

A division of NBCUniversal

1000 Universal Studios Plaza, Orlando, FL 32819-7601

T(407) 817 1059 M(407) 462 2988 robert.sharpe@universallorlando.com

www.universallorlando.com

**LLOYD LOWE**

SENIOR MANAGER

WATER QUALITY, ENVIRONMENTAL AFFAIRS

**UNIVERSAL ORLANDO RESORT**

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**CARLOS SCHEIRER**

SR. DIRECTOR

ENVIRONMENTAL, HEALTH &amp; SAFETY

**UNIVERSAL ORLANDO RESORT**

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A COMCAST COMPANY

**Barbara M DeWoody, CSP**

Vice President

Environmental, Health &amp; Safety

**Universal Parks & Resorts**

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1000 Universal Studios Plaza, Orlando, FL 32819

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www.nbcuni.com

**TODD ADAMS**

EHS SPECIALIST

ENVIRONMENTAL, HEALTH &amp; SAFETY

**UNIVERSAL ORLANDO RESORT**

1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819

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todd.adams@universallorlando.com www.universallorlando.com

**YVETTE COX**

ASSISTANT DIRECTOR

ENVIRONMENTAL HEALTH AND SAFETY

**UNIVERSAL ORLANDO RESORT**

1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819

TEL 407 363 8942 CELL 407 312 9143

yvette.cox@universallorlando.com www.universallorlando.com



# U.S. Department of Labor - Occupational Safety and Health Administration

## Inspection Report

Wed Aug 28, 2019 09:48:28 AM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0420600	(b)(7)(C)	(b)(7)(C)	1406250		

Establishment Name		Universal City Development Partners, Ltd.		Doing Business As (DBA)		Universal Orlando Resort	
Establishment Owner Name	Private Sector	Type of Business	Corporation	Primary NAICS			713110
Site Address	1000 Universal Studios Plaza ORLANDO, FL, 32819	Site Phone		Extn		Site FAX	
Business Address	1000 Universal Studios Plaza ORLANDO, FL, 32819	Business Phone				Business FAX	
Mailing Address	1000 Universal Studios Plaza ORLANDO, FL, 32819	E-mail				Mobile Phone	
Site Activity		NAICS Inspected	713110			Days on Site	1
Federal EIN		DUNs		Temporary or Fixed Site?			
State Estab Id		DUNS plus4		CAGE Code			
Construction Type							

Entry	05-JUN-2019	10:00 AM	First Closing Conference	05-JUN-2019	04:00 PM
Opening Conference	05-JUN-2019	10:45 AM	Second Closing Conference	8/4/2019	12 43 pm
Walkaround	05-JUN-2019	03:45 PM	Exit	05-JUN-2019	04:30 PM

Inspection Initiating Type	Complaint		Secondary Type	
Other Initiating Type			Inspection Category	Safety
Scope of Inspection	Comprehensive <i>Partial</i>		Reason No Inspection	
Sampling Performed?	N	SVEP	N	Expln. for No Insp.
Federal Strategic Initiatives				
National Emphasis				
Local Emphasis				
Primary Emphasis				

Employed in Establishment	(b) (4)	Walkaround?	N	Advance Notice?	N
Covered By Inspection		Interviewed?	Y	Flag for Follow-up	N
Controlled By Employer		Union?	N	Reason for Follow-up	
Is this Company a current federal contractor?	N				

Parent Company Legal Name			Parent Comp Trade Name/DBA		
Parent Company Address		Phone Number		Extn	
TIN / EIN			DUNS		

CAGE Code		DUNS plus4	
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Related Activity			
Activity Number	Activity Type	Satisfied	Establishment Name
1461464	Complaint	Both Safety & Health	Universal City Development Partners, Ltd.
1462896	Complaint	Safety	Universal Orlando

Related Inspections		
Inspection Number	Establishment Name	Related Inspection Type

Additional Codes			
Type	ID	Value	Description

Employer Representatives Contacted											
Name		Bob Sharpe		Job Title		Asst Director Operat		Occupation			
Address			1000 Universal Studio Plaza ORLANDO, FL, 32819			Interviewed?			Y		
Home			Work		407-817-1059		Mobile		(b)(7)(C)	Fax	
Email						Participation			Walk Around, Credentials, Closing Conference, Opening Conference		
Name		Lloyd Lowe		Job Title		Senior Manager		Occupation			
Address			1000 Universal Studios Plaza ORLANDO, FL, 32819			Interviewed?			Y		
Home			Work		407-817-1058		Mobile			Fax	
Email						Participation					
Name		Carlos Scheirer		Job Title		Sr Director EHS		Occupation			
Address			1000 Universal Studio, FL			Interviewed?			Y		
Home			Work		407-224-0697		Mobile			Fax	
Email						Participation			Credentials, Opening Conference		
Name		Barbara DeWoody		Job Title		VP EHS		Occupation			
Address			1000 Universal Parks ORLANDO, FL			Interviewed?			Y		
Home			Work		407-363-8941		Mobile			Fax	
Email						Participation			Walk Around, Credentials, Opening Conference		

Name	(b)(7)(C)	Job Title	(b)(7)(C)	Occupation	
Address	(b)(7)(C)		Interviewed?	Y	
Home		Work	(b)(7)(C)	Mobile	
Email			Participation	Walk Around, Credentials, Opening Conference	
Name	Yvette Cox	Job Title	Assist Director EHS	Occupation	
Address	1000 Universal Orlando		Interviewed?	Y	
Home		Work	407-363-8942	Mobile	
Email			Participation	Walk Around, Credentials, Opening Conference	
Name	(b)(7)(C)	Job Title	(b)(7)(C)	Occupation	
Address	(b)(7)(C)		Interviewed?	Y	
Home		Work		Mobile	
Email			Participation	Credentials, Opening Conference	

Employees Contacted

(b)(7)(C)

(b)(7)(C)





(b)(7)(C)

Penalty Adjustment Factors					
Size Reduction	0%	Good Faith Reduction	0%	History Reduction	0%
Size Justification	System, set it to 0% Number of Employees was changed	Good Faith Justification		History Justification	

CSHO Signature		Date	
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**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Notice of Alleged Safety or Health Hazards**

		Complaint Number	1461464
Establishment Name	Universal City Development Partners, Ltd.		
Site Address	Volcano Bay		
	Orlando, FL 32819		
	Site Phone		Site FAX
Mailing Address	1000 Universal Studios Plaza Orlando, FL 32819		
Management Official		Telephone	
Type of Business			
Primary SIC		Primary NAICS	713110 - Amusement and Theme Parks
<b>HAZARD DESCRIPTION/LOCATION.</b> Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			
1. Lifeguards have been receiving electric shocks in the vicinity of the pools and rivers, including the decks.			

<b>Source 1</b>			
<i>Has this condition been brought to the attention of:</i>			
<i>Please indicate Your Desire to Reveal Source:</i>		No	
<i>The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form</i>		(Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
<i>Complainant Name</i>	(b)(7)(C)	<i>Telephone</i>	(b)(7)(C)
<i>Complainant Address</i>			
<i>Complainant E-mail Address</i>		(b)(7)(C)	
<i>Send UPA Results?</i>	Yes	<i>If no UPA results sent, why?</i>	
<i>Signature</i>		<i>Date</i>	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
<i>Organization Name:</i>		<i>Your Title:</i>	

<b>Source 2</b>			
<i>Has this condition been brought to the attention of:</i>			
<i>Please indicate Your Desire to Reveal Source:</i>		No	
<i>The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form</i>		(Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
<i>Complainant Name</i>	(b)(7)(C)	<i>Telephone</i>	(b)(7)(C)
<i>Complainant Address</i>		(b)(7)(C)	
<i>Complainant E-mail Address</i>		(b)(7)(C)	
<i>Send UPA Results?</i>	Yes	<i>If no UPA results sent, why?</i>	
<i>Signature</i>		<i>Date</i>	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
<i>Organization Name:</i>		<i>Your Title:</i>	

<b>Source 3</b>			
<i>Has this condition been brought to the attention of:</i>		Employer	
<i>Please indicate Your Desire to Reveal Source:</i>		No	

*The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form*

(Mark "X" in ONE)

☐ Employee ☐ Federal Safety and Health Committee  
☐ Representative of Employees ☐ Other (specify)

*Complainant Name*

(b)(7)(C)

*Telephone*

(b)(7)(C)

*Complainant Address*

(b)(7)(C)

*Complainant E-mail Address*

(b)(7)(C)

*Send UPA Results?*

Yes

*If no UPA results sent,  
why?*

*Signature*

*Date*

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

*Organization Name:*

*Your Title:*



**OFFICIAL USE ONLY:**

Reporting ID	0420600
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Receipt Information	Received By humphreville.matt hew	Send OSHA-7? Yes No	Date: 06/04/2019 Time: 12:34 PM	CSHO Assigned (b)(7)(C)	Supervisor(s) Assigned (b)(7)(C)
Receipt Type	Online	Electronic Complaint Number		31590592, 31594932, 31602512	

Industry & Ownership	Primary NAICS	713110 - Amusement and Theme Parks	Ownership	Private Sector
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Complaint Evaluation	Evaluated By		Subject	Severity
	Is this a Valid Complaint?	Yes		
	Formality	Formal	Safety Health	Serious
	Migrant Farmworker Camp? (Mark X if applicable)		Discrimination	No

**Complaint Actions**

Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
06/04/2019	Valid = Y				
06/04/2019	Contact with Source	06/11/2019	Email Letter	Awaiting Signature/Send OSHA7	
06/04/2019	Contact with Source	06/11/2019	Phone Discussion	Acknowledgement- Receipt of Complaint	
06/04/2019	Do Inspection = Y			Valid Formal Complaint Submitted	

**Complaint Responses**

Date Response Received	Type Response Received	Evaluation	Evaluated By	Other

Transfer to (Name)		Transfer Date	
Transfer to Category			

Strategic Initiatives	
National Emphasis	
Local/State Emphasis	

Additional Codes			
Type	ID	Value	Description

Close Complaint	
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### NATURE / SCOPE / HISTORY:

On 6/5/2019 this OSHA inspection of Universal Resorts Orlando was opened and conducted with OSHA Complaint # 1461464 which stated On or about 6/2/2019 employee(s) / Lifeguards have been receiving electric shocks in the vicinity of the pools and rivers, including the decks. 5 Life guards were transported to hospital and released the same day for observation.

### OPENING CONFERENCE NOTES:

On 6/5/2019 CSHO conducted the opening conference with employer representatives Mr. Bob Sharpe (Assistant Director of Operations) Mr. Lloyd Lowe (Senior Manager Water Quality) Mr. Carlos Scheirer (Sr. Director EHS) Ms. Barbara M. DeWoody (Vice President EHS) (b)(7)(C) and Mr. Mark Pepper (Vice President Engineering and Safety). CSHO explained the nature and scope of the inspection related to complaint # 1461464

### COVERAGE INFORMATION:

Universal Resorts Orlando affects interstate commerce in that they use industrial equipment trucks, tools such as aerial lifts, computers which are transport across state lines.

### WALKAROUND & PROCESS INFORMATION:

On 6/5/2019 at the Orlando site CSHO conducted pre walk around interviews with employer representatives including the nature of the complaint # 1461464 which stated that employees at the Orlando site were experiencing electrical shocks in and around the Volcano Bay pools, river and walking surfaces.

CSHO conducted interviews and walk at the site to establish including but not limited to employer / employee relationship ie.. (is the worker a Contract employee, temporary employer, independent contractor or sole proprietor etc..) as well as if the worker's hazard exposure a OSHA regulated hazard, the employer's knowledge of the exposure to the hazard, possible violations and finally established a feasible abatement and time to complete abetment. CSHO walk around findings for all of the above are chronicled below.

#### **Employer:**

Universal City Development Partners LLC DBA Universal Resorts Orlando Resorts has (b) (4) employees in Orlando and (b) (4) employees worldwide. At the Orlando site; Employer representative Mark Pepper (Vice President Engineering and Safety) stated that on Sunday 6/2/2019 that he was not on site but began to receive text messages and or emails concerning technicians quarantined the walking surfaces around the Whakawaiwai Eats (restaurant) inside of the resort because quest / visitors of the park complained to a lead Life Guard that something didn't feel right they were feeling a tingling / shock while walking (on wet surface) near the restaurant. Mr. Pepper stated that his technicians had measured small voltages in and around the area 20-30 volts on the equipment, ground / sidewalk in the Whakawaiwai and park perimeter area.





## Exposure:

On or about 6/2/2019 a life guard (b)(7)(C) was on duty at the site and reported to lead Life Guard (b)(7)(C) that he experience shocking / tingling while standing in 2 inch deep water at the pool (**Taniwha Bottoms**) which is a receiving pool area for 4 slides that end into the pool area. And that another Life Guard came from Teawa (**Lazy River**) Area and said that they experienced tingling sensation and the same day. At that point Mr. Pfeffer stated that he decided to close the park.

Mark Pfeffer (Vice President Engineering and Safety) stated that on 6/2/2019 they found at their facility the (T6) transformer, which is owned by Orlando Utility Commission, has a 12,470 Volt Delta primary and the Y secondary side is 480V line to line and 270V Line to neutral which travels 400 feet under (park) ground to Volcano Bay mechanical room 3KV breaker. He stated that Universal Resorts ownership begins at the bolts of the secondary side of the transformer. The configuration of the circuit(s) 36 total wires running underground to the Volcano in that 9 conduits each has circuit 36 (750 mcm) wires (4Xs A,B,C Phase and a Neutral (Line to Line 480V Line to N is 270V). Mr. Pfeffer stated that their trouble shooting efforts revealed that 1 (A phase) wire was isolated, using continuity and resistance testing, and determined to be causing a short circuit to earth ground and energizing the ground beneath and around the pool(s) and Whakawaiwai Eats restaurant. Mr. Pfeffer stated that no more stray voltages could be measured after the 4Xs A,B,C Phase and a Neutral (Line to Line 480V Line to N is 270V) were disconnected and that they (Universal Resorts) had not determined how or what manner would be used to decommission these circuits.

CSHO interviewed and or spoke with Life Guards, Technicians such as but not limited to

(b)(7)(C)

## Knowledge:

On 6/4/2019 CSHO interviewed employer representatives Mr. Bob Sharpe (Assistant Director of Operations) Mr. Lloyd Lowe (Senior Manager Water Quality) Mr. Carlos Scheirer (Sr. Director EHS) Ms. Barbara M. DeWoody (Vice President EHS) (b)(7)(C) and Mr. Mark Pfeffer (Vice President Engineering and Safety). Additionally interviewed employee (b)(7)(C)

On or about **Sunday 6/2/2019 (The 1<sup>st</sup> day of the exposure)** The initial complaint(s) were communicated to the employer(s) representatives either by visitors walking on wet sidewalk or the Life Guards on duty in and around the Taniwha Tubes (4 Slide) pools and or the Teawa Lazy river. Employer Ms. Barbara M. DeWoody (Vice President EHS) stated that they reacted to the complaints and out of caution 5 Life Guards were transported to area hospitals for treatment and or observation (Same Day). CSHO did not observe or receive any information which indicated that employer had prior knowledge of possible hazardous conditions. On **6/7/2019** CSHO conducted follow up (phone) interview with Ms. Barbara M. DeWoody (Vice President EHS). She stated that 3<sup>rd</sup> party inspections and troubleshooting verifications were being conducted by City of Orlando to verify NEC compliance such as Disconnects and Circuit balance Also **William Gnan Engineering** would be working with internal engineers to verify calculations.





**Possible Violation of Standard(s);**

**Transformer # 6 (Volcano Bay)**

Employer stated that during construction of Volcano Bay a grounding rod was inadvertently driven through electrical conduit damaging outer sheath of electrical wiring causing contact in ground sending electrical current through the ground. Subsequently wet, ground surfaces and water were energized.

**Transformer # 9 (Taniwah Tubes)**

Employer stated that during construction of Taniwah Tubes (splash down pool) A wire located at the main breaker was found to go through a junction box that was not identified on the Universal Drawings and a connector inside the junction box was damaged causing the line to short to ground.

**TBD..... 29CFR 1910.269**

**Abatement / Corrective step(s);**

***Submitted signed statement from employer attached in casefile***

**Transformer # 6 (Volcano Bay).....** Excavation, replace, repair and removed equipment. Inspected by city of Orlando and excavation was closed.

**Transformer # 9 (Taniwah Tubes) .....** Service Completed



(b) (4)



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### Additional Investigative Findings

**6/13/2019 CSHO** returned to site for interviews of life guards, electrical techs and engineers. There were no additional reports of electrical shocks after disconnect of the 4 (750 mcm) wires (4Xs A,B,C Phase and a Neutral where Line to Line 480V Line to N is 270V).

**6/13/2019 CSHO** Interviewed employees after corrective measures taken by employer to remove electrical hazards from *Taniwha Tubes pool(s)* which had been closed and on a different transformer (T9) which was been identified by engineer(s) **(b)(7)(C)** who stated that and that this Taniwha Tubes pool would remain closed and all underground circuits under and around this pool are Mega tested (480v, 1000V Min 2M Ohm... Tracking anything measuring below **10 MOhm**

**7/11/2019 CSHO** Interviewed employees after Service Completed at Transformers # 6 and #9

**(b) (7) (D)**



**Employer's Occupational Safety and Health Program:**

General Industry		(yes)	(no)	(N/A)	Comments:
	Safety & Health Program in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Monitoring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Medical Surveillance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Education and Training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Record Keeping?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Compliance Programs (PPE, Engineering Controls, emergency procedures)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	*Personal Hygiene Facilities Practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	*Required by OSHA?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	*Required by OSHA health standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	*Were deficiencies noted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Labeling and Posting?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Hazard Communication Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Exit Route?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Alternate Route in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**CLOSING CONFERENCE NOTES:**

**Closing conference To Be Conducted**

No Violations Observed	<input type="checkbox"/>	<b>Comments:.</b>
Gave Copy of FOIA Act	<input checked="" type="checkbox"/>	
Reviewed Hazards & Standards	<input checked="" type="checkbox"/>	
Offered Abatement Assistance	<input checked="" type="checkbox"/>	
Gave Copy of OSHA 3000	<input checked="" type="checkbox"/>	
Discussed OSHA 3000	<input checked="" type="checkbox"/>	
Encouraged Informal Conference	<input checked="" type="checkbox"/>	





**Inspection  
Narrative**

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Discussed Consultation Program	<input checked="" type="checkbox"/>	
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**Recommended Citations**

**No citations recommended (Employer had no prior knowledge of hazard)**

CSHO Signature	Date
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UNIVERSAL STUDIOS  
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819 TEL 407 224 8029 FAX 407 363 8390

July 2, 2019

Carlos Scheirer  
Senior Director EHS  
UNIVERSAL ORLANDO  
1000 Universal Studios Plaza  
Orlando, FL 32819-7601

Subject: OSHA Investigation Summary Report

Reference: Complaint # 1461464

To: (b)(7)(C) :SHO Inspector

Inspector Dula,  
In response to your request, below, please find Universal Orlando's investigation summary report.

If you or your office have any further requests or concerns, please feel free to contact me or my office directly.

Respectfully,

A handwritten signature in blue ink that reads "Carlos Scheirer".

Carlos Scheirer  
Universal Orlando  
Senior Director Environmental Health and Safety  
Office: 407.224.0697  
Email: Carlos.Scheirer@UniversalOrlando.com

(b) (4)

(b) (4)



(b) (4)

(b) (4)



UNIVERSAL STUDIOS  
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819 TEL 407 224 8029 FAX 407 363 8390

July 2, 2019

\* Carlos Scheirer

Carlos Scheirer  
Senior Director EHS  
UNIVERSAL ORLANDO  
1000 Universal Studios Plaza  
Orlando, FL 32819-7601

(b)(7)(C)

Subject: OSHA Investigation Summary Report

Reference: Complaint # 1461464

To: (b)(7)(C) CSHO Inspector

Inspector Dula,

In response to your request, below, please find Universal Orlando's investigation summary report.

If you or your office have any further requests or concerns, please feel free to contact me or my office directly.

Respectfully,

*Carlos Scheirer*

Carlos Scheirer  
Universal Orlando  
Senior Director Environmental Health and Safety  
Office: 407.224.0697  
Email: Carlos.Scheirer@UniversalOrlando.com

(b)(4)

(b) (4)



(b) (4)

(b) (4)

(b)(7)(C)

- OSHA

*Expt 1406250*

*1461464*

**From:** Complaint@dol.gov  
**Sent:** Thursday, June 13, 2019 7:13 PM  
**To:** OSHA - Complaints - TAMPA (F101)  
**Subject:** 31602512 EMPLOYEE COMPLAINT

(b)(7)(C)

*6/14/19 @ 8:15am  
Explained issue was being investigated  
Added contact info to original WPA  
C/B after 3:15*

within 5 working days of 13-JUN-19.

Below is the complaint information

FLORIDA

Tampa Area Office  
5807 Breckenridge Parkway, Suite A  
Tampa, Florida 33610  
(813) 626-1177  
(813) 626-7015 FAX

Establishment Name: Universal Studios Orlando  
Site Street: 6000 Universal Blvd  
Site City: Orlando  
Site State: Florida  
Site Zip: 32819

Management Official: Taissa Lind  
Telephone Number: 4072229367  
Type of Business: Waterpark

Hazard Description:

*Rec'd  
JUN 14 2019*

Currently, at Taniwha Tubes, there have been multiple reports, including myself, of possible electrocution. I believe possibly 15+ people have at least had tingling sensations in their legs.

-----

Hazard Location:

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Taniwha Tubes

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This condition has previously been brought to the attention of:  
\* The employer

(b)(7)(C)



(b)(7)(C)

OSHA

**From:** OSHA - Complaints - TAMPA (F101)  
**Sent:** Monday, June 10, 2019 9:29 AM  
**To:** (b)(7)(C) - OSHA  
**Subject:** FW: OAH  
**Attachments:** VoiceMessage.wav  
  
**Importance:** High

**From:** OSHA - Jacksonville Area Office <Jacksonville.OSHA@DOL.GOV>  
**Sent:** Tuesday, June 4, 2019 3:20 PM  
**To:** OSHA - Tampa Area Office <Tampa.OSHA@DOL.GOV>  
**Subject:** FW: OAH  
**Importance:** High

The establishment, Universal Orlando Volcano Bay is in your area of jurisdiction.

I was unable to contact the complainant because her voice message box is full.

**From:** DOLNCC <dol-ncc@dolncc.dol.gov>  
**Sent:** Tuesday, June 4, 2019 10:02 AM  
**To:** OSHA - Complaints - JACKSONVILLE (F137) <Complaints.F137@dol.gov>  
**Subject:** OAH

Hello,

The Department of Labor National Contact Center (DOL-NCC) which operates the OSHA toll-free telephone service (1-800-321-OSHA) has received an after business hours inquiry which took place within your jurisdiction.

Attached is the transcript providing detailed information of a call received about an Occupational Safety & Health related concern. The transcript was produced from information left on a voicemail box from the customer calling to report their OSHA concern. The DOL-NCC has produced this transcript for your records and to take action if you deem necessary.

For immediate assistance with problems or for help in sending the transcript to another office or jurisdiction, please contact the DOL-NCC by calling the OSHA toll-free telephone number at 1-800-321-6742 during the hours of 4:30pm to 8:00am.

When contacting the DOL-NCC about a particular transcript, please provide a detailed description about your inquiry so that we may provide you with an informed response. Please refer all other inquiries to your OSHA Regional Coordinator.

Thank you for your time and assistance with regards to this inquiry.

The caller selected option:	Life Threatening		Actual Call Type:	Hazardous Complaint	
Transcript # 01702949	Date/Time Received – Mailbox 6/3/2019 8:36 PM		Date/Time Retrieved from Mailbox 6/3/2019 9:07 PM		
Establishment Name:	Universal Orlando Volcano Bay				
Establishment Address:	6300 Universal Blvd Satsuma, FL32189				
Establishment Phone #:					
Caller's Contact Information – Potential Privacy Data					
Caller's Name:	(b)(7)(C)				
Caller's Phone#:	(b)(7)(C)				
Caller Provided Narrative:  Summary: The caller is reporting that there is an electrical current that has sent 6 employees and several guests to the hospital in the past few days. Management has failed to do anything. People are feeling sick. The employees feel unsafe.					
Workplace or Caller's Zip Code:	32189	OSHA Reporting ID:	419700		
Date/Time referred to OSHA:		Immediate referral:	OSHA Office:	Jacksonville OSHA	
		No			
Referred to CSHO:			OSHA Phone #:		
Transcriber Name:	(b)(7)(C)	Special Considerations:			
Action: Will forward to local OSHA office.					

*Add the name of the JPA*



#### Contacted Authorities

Contact Date/Time (EST)	Contact Name/Phone	Contact Comment	Made Contact?

UPA 146289

(b)(7)(C) OSHA

**From:** Complaint@dol.gov  
**Sent:** Thursday, June 6, 2019 9:50 PM  
**To:** OSHA - Complaints - TAMPA (F101)  
**Subject:** 31594932 EMPLOYEE COMPLAINT

(b)(7)(C)

within 5 working days of 06-JUN-19.

Below is the complaint information

FLORIDA

Tampa Area Office  
5807 Breckenridge Parkway, Suite A  
Tampa, Florida 33610  
(813) 626-1177  
(813) 626-7015 FAX

Establishment Name: Universal's Volcano Bay  
Site Street: 6300 Universal Blvd.  
Site City: Orlando  
Site State: Florida  
Site Zip: 32819  
Type of Business: Theme park

Rec'd  
JUN -7 2019

Hazard Description:

Electrical hazards in and out of the water at the theme park. Several employees have been electrocuted along with guests. Universal says they've fixed it but it occurred again after they claimed to fix it.

1461469

Hazard Location:

-----  
In the lazy river, fast river, catch pools of several rides, several walkways, and the rollercoaster.  
-----

This condition has previously been brought to the attention of:

\* The employer

(b)(7)(C)



**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Notice of Alleged Safety or Health Hazards**

		Complaint Number	1462896
Establishment Name	Universal Orlando		
Site Address	1000 Universal Studios Plaza		
	Orlando, FL 32819		
	Site Phone		Site FAX
Mailing Address	1000 Universal Studios Plaza		
	Orlando, FL 32819		
Management Official		Telephone	
Type of Business			
Primary SIC		Primary NAICS	713110 - Amusement and Theme Parks
<b>HAZARD DESCRIPTION/LOCATION.</b> Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			
1. Inspection is already open UPA 1461464.			



**Bob Sharpe**  
Asst. Director, Operations  
Volcano Bay  
**Universal Parks & Resorts**  
A division of NBCUniversal

1000 Universal Studios Plaza, Orlando, FL 32819-7601  
T (407) 817 1059 M (407) 462 2988 robert.sharpe@universalorlando.com  
www.universalorlando.com



**LLOYD LOWE**  
SENIOR MANAGER  
WATER QUALITY, ENVIRONMENTAL AFFAIRS

**UNIVERSAL ORLANDO RESORT**  
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819  
TEL 407 817 1058 CELL 407 427 6996  
lloyd.lowe@universalorlando.com www.universalorlando.com



**CARLOS SCHEIRER**  
SR. DIRECTOR  
ENVIRONMENTAL, HEALTH & SAFETY

**UNIVERSAL ORLANDO RESORT**  
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819  
TEL 407 224 0697 CELL 407 506 8742  
carlos.scheirer@universalorlando.com www.universalorlando.com



A COMCAST COMPANY

**Barbara M DeWoody, CSP**  
Vice President  
Environmental, Health & Safety  
**Universal Parks & Resorts**  
A division of NBCUniversal

1000 Universal Studios Plaza, Orlando, FL 32819  
T (407) 363 8941 M (407) 832 7049 barbara.dewoody@universalorlando.com  
www.nbcuni.com



**(b)(7)(C)**

**UNIVERSAL ORLANDO RESORT**  
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819  
TEL (b)(7)(C) CELL (b)(7)(C)  
(b)(7)(C) www.universalorlando.com



**YVETTE COX**  
ASSISTANT DIRECTOR  
ENVIRONMENTAL HEALTH AND SAFETY

**UNIVERSAL ORLANDO RESORT**  
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819  
TEL 407 363 8942 CELL 407 312 9143  
yvette.cox@universalorlando.com www.universalorlando.com



# U.S. Department of Labor - Occupational Safety and Health Administration

## Inspection Report

Wed Aug 28, 2019 09:48:28 AM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0420600	(b)(7)(C)	(b)(7)(C)	1406250		

Establishment Name		Universal City Development Partners, Ltd.		Doing Business As (DBA)		Universal Orlando Resort	
Establishment Owner Name	Private Sector	Type of Business	Corporation	Primary NAICS			713110
Site Address	1000 Universal Studios Plaza ORLANDO, FL, 32819	Site Phone		Extn		Site FAX	
Business Address	1000 Universal Studios Plaza ORLANDO, FL, 32819	Business Phone				Business FAX	
Mailing Address	1000 Universal Studios Plaza ORLANDO, FL, 32819	E-mail				Mobile Phone	
Site Activity		NAICS Inspected	713110			Days on Site	1
Federal EIN		DUNs		Temporary or Fixed Site?			
State Estab Id		DUNS plus4		CAGE Code			
Construction Type							

Entry	05-JUN-2019	10:00 AM	First Closing Conference	05-JUN-2019	04:00 PM
Opening Conference	05-JUN-2019	10:45 AM	Second Closing Conference	8/4/2019	12 43 pm
Walkaround	05-JUN-2019	03:45 PM	Exit	05-JUN-2019	04:30 PM

Inspection Initiating Type	Complaint		Secondary Type	
Other Initiating Type			Inspection Category	Safety
Scope of Inspection	Comprehensive Partial		Reason No Inspection	
Sampling Performed?	N	SVEP N	Expln. for No Insp.	
Federal Strategic Initiatives				
National Emphasis				
Local Emphasis				
Primary Emphasis				

Employed in Establishment	(b) (4)	Walkaround?	N	Advance Notice?	N
Covered By Inspection		Interviewed?	Y	Flag for Follow-up	N
Controlled By Employer		Union?	N	Reason for Follow-up	
Is this Company a current federal contractor?	N				

Parent Company Legal Name			Parent Comp Trade Name/DBA		
Parent Company Address		Phone Number		Extn	
TIN / EIN			DUNS		

CAGE Code		DUNS plus4	
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Related Activity			
Activity Number	Activity Type	Satisfied	Establishment Name
1461464	Complaint	Both Safety & Health	Universal City Development Partners, Ltd.
1462896	Complaint	Safety	Universal Orlando

Related Inspections		
Inspection Number	Establishment Name	Related Inspection Type

Additional Codes			
Type	ID	Value	Description

Employer Representatives Contacted							
Name		Bob Sharpe		Job Title		Asst Director Operat	
Occupation							
Address		1000 Universal Studio Plaza ORLANDO, FL, 32819		Interviewed?		Y	
Home		Work	407-817-1059	Mobile	(b)(7)(C)	Fax	
Email				Participation		Walk Around, Credentials, Closing Conference, Opening Conference	
Name		Lloyd Lowe		Job Title		Senior Manager	
Occupation							
Address		1000 Universal Studios Plaza ORLANDO, FL, 32819		Interviewed?		Y	
Home		Work	407-817-1058	Mobile		Fax	
Email				Participation			
Name		Carlos Scheirer		Job Title		Sr Director EHS	
Occupation							
Address		1000 Universal Studio, FL		Interviewed?		Y	
Home		Work	407-224-0697	Mobile		Fax	
Email				Participation		Credentials, Opening Conference	
Name		Barbara DeWoody		Job Title		VP EHS	
Occupation							
Address		1000 Universal Parks ORLANDO, FL		Interviewed?		Y	
Home		Work	407-363-8941	Mobile		Fax	
Email				Participation		Walk Around, Credentials, Opening Conference	

(b)(7)(C)

Name	Yvette Cox	Job Title	Assist Director EHS	Occupation	
Address	1000 Universal Orlando		Interviewed?	Y	
Home		Work	407-363-8942	Mobile	
				Fax	
Email			Participation	Walk Around, Credentials, Opening Conference	

(b)(7)(C)

Employees Contacted

(b)(7)(C)



(b)(7)(C)



(b)(7)(C)

Penalty Adjustment Factors					
Size Reduction	0%	Good Faith Reduction	0%	History Reduction	0%
Size Justification	System, set it to 0% Number of Employees was changed	Good Faith Justification		History Justification	

CSHO Signature		Date	
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**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Notice of Alleged Safety or Health Hazards**

		Complaint Number	1461464
Establishment Name	Universal City Development Partners, Ltd.		
Site Address	Volcano Bay		
	Orlando, FL 32819		
	Site Phone		Site FAX
Mailing Address	1000 Universal Studios Plaza Orlando, FL 32819		
Management Official		Telephone	
Type of Business			
Primary SIC		Primary NAICS	713110 - Amusement and Theme Parks
<b>HAZARD DESCRIPTION/LOCATION.</b> Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			
1. Lifeguards have been receiving electric shocks in the vicinity of the pools and rivers, including the decks.			

<b>Source 1</b>			
<i>Has this condition been brought to the attention of:</i>			
<i>Please indicate Your Desire to Reveal Source:</i>		No	
<i>The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form</i>		(Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
<i>Complainant Name</i>	(b)(7)(C)	<i>Telephone</i>	(b)(7)(C)
<i>Complainant Address</i>			
<i>Complainant E-mail Address</i>		(b)(7)(C)	
<i>Send UPA Results?</i>	Yes	<i>If no UPA results sent, why?</i>	
<i>Signature</i>		<i>Date</i>	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

<i>Organization Name:</i>		<i>Your Title:</i>	
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<b>Source 2</b>			
<i>Has this condition been brought to the attention of:</i>			
<i>Please indicate Your Desire to Reveal Source:</i>		No	
<i>The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form</i>		(Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
<i>Complainant Name</i>	(b)(7)(C)	<i>Telephone</i>	(b)(7)(C)
<i>Complainant Address</i>		(b)(7)(C)	
<i>Complainant E-mail Address</i>			
<i>Send UPA Results?</i>	Yes	<i>If no UPA results sent, why?</i>	
<i>Signature</i>		<i>Date</i>	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

<i>Organization Name:</i>		<i>Your Title:</i>	
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<b>Source 3</b>			
<i>Has this condition been brought to the attention of:</i>		Employer	
<i>Please indicate Your Desire to Reveal Source:</i>		No	

*The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form*

(Mark "X" in ONE)

☐ Employee ☐ Federal Safety and Health Committee  
☐ Representative of Employees ☐ Other (specify)

*Complainant Name*

(b)(7)(C)

*Telephone*

(b)(7)(C)

*Complainant Address*

(b)(7)(C)

*Complainant E-mail Address*

*Send UPA Results?*

Yes

*If no UPA results sent,  
why?*

*Signature*

*Date*

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

*Organization Name:*

*Your Title:*



OFFICIAL USE ONLY:

Reporting ID	0420600
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Receipt Information	Received By <b>(b)(7)(C)</b>	Send OSHA-7? Yes No	Date: 06/04/2019 Time: 12:34 PM	CSHO Assigned <b>(b)(7)(C)</b>	Supervisor(s) Assigned <b>(b)(7)(C)</b>
Receipt Type	Online	Electronic Complaint Number	31590592, 31594932, 31602512		

Industry & Ownership	Primary NAICS	713110 - Amusement and Theme Parks	Ownership	Private Sector
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Complaint Evaluation	Evaluated By		Subject	Severity
	Is this a Valid Complaint?	Yes		
	Formality	Formal	Safety	Serious
	Migrant Farmworker Camp? (Mark X if applicable)		Health Discrimination	No

Complaint Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
06/04/2019	Valid = Y				
06/04/2019	Contact with Source	06/11/2019	Email Letter	Awaiting Signature/Send OSHA7	
06/04/2019	Contact with Source	06/11/2019	Phone Discussion	Acknowledgement-Receipt of Complaint	
06/04/2019	Do Inspection = Y			Valid Formal Complaint Submitted	

Complaint Responses				
Date Response Received	Type Response Received	Evaluation	Evaluated By	Other

Transfer to (Name)		Transfer Date	
Transfer to Category			

Strategic Initiatives	
National Emphasis	
Local/State Emphasis	

Additional Codes			
Type	ID	Value	Description

Close Complaint	
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### NATURE / SCOPE / HISTORY:

On 6/5/2019 this OSHA inspection of Universal Resorts Orlando was opened and conducted with OSHA Complaint # 1461464 which stated On or about 6/2/2019 employee(s) / Lifeguards have been receiving electric shocks in the vicinity of the pools and rivers, including the decks. 5 Life guards were transported to hospital and released the same day for observation.

### OPENING CONFERENCE NOTES:

On 6/5/2019 CSHO conducted the opening conference with employer representatives Mr. Bob Sharpe (Assistant Director of Operations) Mr. Lloyd Lowe (Senior Manager Water Quality) Mr. Carlos Scheirer (Sr. Director EHS) Ms. Barbara M. DeWoody (Vice President EHS) (b)(7)(C) and Mr. Mark Peffer (Vice President Engineering and Safety). CSHO explained the nature and scope of the inspection related to complaint # 1461464

### COVERAGE INFORMATION:

Universal Resorts Orlando affects interstate commerce in that they use industrial equipment trucks, tools such as aerial lifts, computers which are transport across state lines.

### WALKAROUND & PROCESS INFORMATION:

On 6/5/2019 at the Orlando site CSHO conducted pre walk around interviews with employer representatives including the nature of the complaint # 1461464 which stated that employees at the Orlando site were experiencing electrical shocks in and around the Volcano Bay pools, river and walking surfaces.

CSHO conducted interviews and walk at the site to establish including but not limited to employer / employee relationship ie.. (is the worker a Contract employee, temporary employer, independent contractor or sole proprietor etc..) as well as if the worker's hazard exposure a OSHA regulated hazard, the employer's knowledge of the exposure to the hazard, possible violations and finally established a feasible abatement and time to complete abetment. CSHO walk around findings for all of the above are chronicled below.

#### **Employer:**

Universal City Development Partners LLC DBA Universal Resorts Orlando Resorts has (b) (4) employees in Orlando and (b) (4) employees worldwide. At the Orlando site; Employer representative Mark Peffer (Vice President Engineering and Safety) stated that on Sunday 6/2/2019 that he was not on site but began to receive text messages and or emails concerning technicians quarantined the walking surfaces around the Whakawaiwai Eats (restaurant) inside of the resort because quest / visitors of the park complained to a lead Life Guard that something didn't feel right they were feeling a tingling / shock while walking (on wet surface) near the restaurant. Mr. Peffer stated that his technicians had measured small voltages in and around the area 20-30 volts on the equipment, ground / sidewalk in the Whakawaiwai and park perimeter area.





## Exposure:

On or about 6/2/2019 a life guard (b)(7)(C) was on duty at the site and reported to lead Life Guard (b)(7)(C) that he experience shocking / tingling while standing in 2 inch deep water at the pool (**Taniwha Bottoms**) which is a receiving pool area for 4 slides that end into the pool area. And that another Life Guard came from Teawa (**Lazy River**) Area and said that they experienced tingling sensation and the same day. At that point Mr. Peffer stated that he decided to close the park.

Mark Peffer (Vice President Engineering and Safety) stated that on 6/2/2019 they found at their facility the (T6) transformer, which is owned by Orlando Utility Commission, has a 12,470 Volt Delta primary and the Y secondary side is 480V line to line and 270V Line to neutral which travels 400 feet under (park) ground to Volcano Bay mechanical room 3KV breaker. He stated that Universal Resorts ownership begins at the bolts of the secondary side of the transformer. The configuration of the circuit(s) 36 total wires running underground to the Volcano in that 9 conduits each has circuit 36 (750 mcm) wires (4Xs A,B,C Phase and a Neutral (Line to Line 480V Line to N is 270V). Mr. Peffer stated that their trouble shooting efforts revealed that 1 (A phase) wire was isolated, using continuity and resistance testing, and determined to be causing a short circuit to earth ground and energizing the ground beneath and around the pool(s) and Whakawaiwai Eats restaurant. Mr. Peffer stated that no more stray voltages could be measured after the 4Xs A,B,C Phase and a Neutral (Line to Line 480V Line to N is 270V) were disconnected and that they (Universal Resorts) had not determined how or what manner would be used to decommission these circuits.

CSHO interviewed and or spoke with Life Guards, Technicians such as but not limited to

(b)(7)(C)

## Knowledge:

On 6/4/2019 CSHO interviewed employer representatives Mr. Bob Sharpe (Assistant Director of Operations) Mr. Lloyd Lowe (Senior Manager Water Quality) Mr. Carlos Scheirer (Sr. Director EHS) Ms. Barbara M. DeWoody (Vice President EHS) (b)(7)(C) and Mr. Mark Peffer (Vice President Engineering and Safety). Additionally interviewed employee (b)(7)(C)

On or about **Sunday 6/2/2019 (The 1<sup>st</sup> day of the exposure)** The initial complaint(s) were communicated to the employer(s) representatives either by visitors walking on wet sidewalk or the Life Guards on duty in and around the Taniwha Tubes (4 Slide) pools and or the Teawa Lazy river. Employer Ms. Barbara M. DeWoody (Vice President EHS) stated that they reacted to the complaints and out of caution 5 Life Guards were transported to area hospitals for treatment and or observation (Same Day). CSHO did not observe or receive any information which indicated that employer had prior knowledge of possible hazardous conditions. On **6/7/2019** CSHO conducted follow up (phone) interview with Ms. Barbara M. DeWoody (Vice President EHS). She stated that 3<sup>rd</sup> party inspections and troubleshooting verifications were being conducted by City of Orlando to verify NEC compliance such as Disconnects and Circuit balance Also **William Gnan Engineering** would be working with internal engineers to verify calculations.

**Possible Violation of Standard(s);**

(b) (5)

**Abatement / Corrective step(s);**


*Submitted signed statement from employer attached in casefile*

**Transformer # 6 (Volcano Bay).....** Excavation, replace, repair and removed equipment. Inspected by city of Orlando and excavation was closed.

**Transformer # 9 (Taniwah Tubes) .....** Service Completed



(b) (4)

A large black rectangular redaction box covers the majority of the page content, starting below the header and ending above the footer. The text "(b) (4)" is printed in white at the top left of this redacted area.



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## Additional Investigative Findings

**6/13/2019 CSHO** returned to site for interviews of life guards, electrical techs and engineers. There were no additional reports of electrical shocks after disconnect of the 4 (750 mcm) wires (4Xs A,B,C Phase and a Neutral where Line to Line 480V Line to N is 270V).

**6/13/2019 CSHO** Interviewed employees after corrective measures taken by employer to remove electrical hazards from *Taniwha Tubes pool(s)* which had been closed and on a different transformer (T9) which was been identified by engineer(s) **(b)(7)(C)** who stated that and that this Taniwha Tubes pool would remain closed and all underground circuits under and around this pool are Mega tested (480v, 1000V Min 2M Ohm... Tracking anything measuring below **10 MOhm**

**7/11/2019 CSHO** Interviewed employees after Service Completed at Transformers # 6 and #9

**(b)(7)(C)**



**Employer's Occupational Safety and Health Program:**

General Industry		(yes)	(no)	(N/A)	Comments:
	Safety & Health Program in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Monitoring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Medical Surveillance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Education and Training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Record Keeping?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Compliance Programs (PPE, Engineering Controls, emergency procedures)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	*Personal Hygiene Facilities Practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	*Required by OSHA?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	*Required by OSHA health standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	*Were deficiencies noted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Labeling and Posting?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Hazard Communication Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Exit Route?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Alternate Route in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**CLOSING CONFERENCE NOTES:**

Closing conference **To Be Conducted**

No Violations Observed	<input type="checkbox"/>	<b>Comments:.</b>
Gave Copy of FOIA Act	<input checked="" type="checkbox"/>	
Reviewed Hazards & Standards	<input checked="" type="checkbox"/>	
Offered Abatement Assistance	<input checked="" type="checkbox"/>	
Gave Copy of OSHA 3000	<input checked="" type="checkbox"/>	
Discussed OSHA 3000	<input checked="" type="checkbox"/>	
Encouraged Informal Conference	<input checked="" type="checkbox"/>	



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Discussed Consultation Program	<input checked="" type="checkbox"/>	
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Recommended Citations

**No citations recommended (Employer had no prior knowledge of hazard)**

CSHO Signature	Date
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UNIVERSAL STUDIOS  
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819 TEL 407 224 8029 FAX 407 363 8390

July 2, 2019

Carlos Scheirer  
Senior. Director EHS  
UNIVERSAL ORLANDO  
1000 Universal Studios Plaza  
Orlando, FL 32819-7601

Subject: OSHA Investigation Summary Report

Reference: Complaint # 1461464

To: (b)(7)(C) CSHO Inspector

(b)(7)(C)

In response to your request, below, please find Universal Orlando's investigation summary report.

If you or your office have any further requests or concerns, please feel free to contact me or my office directly.

Respectfully,

A handwritten signature in blue ink that reads "Carlos Scheirer".

Carlos Scheirer  
Universal Orlando  
Senior. Director Environmental Health and Safety  
Office: 407.224.0697  
Email: Carlos.Scheirer@UniversalOrlando.com



(b) (4)

(b) (4)

(b) (4)

(b) (4)



UNIVERSAL STUDIOS  
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819 TEL 407 224 8029 FAX 407 363 8390

July 2, 2019

*\* Carlos Scheirer*

(b)(7)(C)

Carlos Scheirer  
Senior. Director EHS  
UNIVERSAL ORLANDO  
1000 Universal Studios Plaza  
Orlando, FL 32819-7601

Subject: OSHA Investigation Summary Report

Reference: Complaint # 1461464

To: (b)(7)(C) CSHO Inspector

(b)(7)(C)

In response to your request, below, please find Universal Orlando's investigation summary report.

If you or your office have any further requests or concerns, please feel free to contact me or my office directly.

Respectfully,

*Carlos Scheirer*

Carlos Scheirer  
Universal Orlando  
Senior. Director Environmental Health and Safety  
Office: 407.224.0697  
Email: Carlos.Scheirer@UniversalOrlando.com

(b) (5)



(b) (4)

(b) (4)

(b) (4)

(b)(7)(C)

OSHA

*Expt 1406250*

*1461464*

**From:** Complaint@dol.gov  
**Sent:** Thursday, June 13, 2019 7:13 PM  
**To:** OSHA - Complaints - TAMPA (F101)  
**Subject:** 31602512 EMPLOYEE COMPLAINT

(b)(7)(C)

*6/14/19 @ 8:15am  
Explained issue was being investigated  
Added contact info to original WPA  
C/B after 3:15*

within 5 working days of 13-JUN-19.

Below is the complaint information

FLORIDA

Tampa Area Office  
5807 Breckenridge Parkway, Suite A  
Tampa, Florida 33610  
(813) 626-1177  
(813) 626-7015 FAX

Establishment Name: Universal Studios Orlando  
Site Street: 6000 Universal Blvd  
Site City: Orlando  
Site State: Florida  
Site Zip: 32819

Management Official: Taissa Lind  
Telephone Number: 4072229367  
Type of Business: Waterpark

Hazard Description:

*Rec'd  
JUN 14 2019*

Currently, at Taniwha Tubes, there have been multiple reports, including myself, of possible electrocution. I believe possibly 15+ people have at least had tingling sensations in their legs.

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Hazard Location:

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Taniwha Tubes

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This condition has previously been brought to the attention of:

\* The employer

(b)(7)(C)





(b)(7)(C)

OSHA

**From:** OSHA - Complaints - TAMPA (F101)  
**Sent:** Monday, June 10, 2019 9:29 AM  
**To:** (b)(7)(C) - OSHA  
**Subject:** FW: OAH  
**Attachments:** VoiceMessage.wav  
  
**Importance:** High

**From:** OSHA - Jacksonville Area Office <Jacksonville.OSHA@DOL.GOV>  
**Sent:** Tuesday, June 4, 2019 3:20 PM  
**To:** OSHA - Tampa Area Office <Tampa.OSHA@DOL.GOV>  
**Subject:** FW: OAH  
**Importance:** High

The establishment, Universal Orlando Volcano Bay is in your area of jurisdiction.

I was unable to contact the complainant because her voice message box is full.

**From:** DOLNCC <dol-ncc@dolncc.dol.gov>  
**Sent:** Tuesday, June 4, 2019 10:02 AM  
**To:** OSHA - Complaints - JACKSONVILLE (F137) <Complaints.F137@dol.gov>  
**Subject:** OAH

Hello,

The Department of Labor National Contact Center (DOL-NCC) which operates the OSHA toll-free telephone service (1-800-321-OSHA) has received an after business hours inquiry which took place within your jurisdiction.

Attached is the transcript providing detailed information of a call received about an Occupational Safety & Health related concern. The transcript was produced from information left on a voicemail box from the customer calling to report their OSHA concern. The DOL-NCC has produced this transcript for your records and to take action if you deem necessary.

For immediate assistance with problems or for help in sending the transcript to another office or jurisdiction, please contact the DOL-NCC by calling the OSHA toll-free telephone number at 1-800-321-6742 during the hours of 4:30pm to 8:00am.

When contacting the DOL-NCC about a particular transcript, please provide a detailed description about your inquiry so that we may provide you with an informed response. Please refer all other inquiries to your OSHA Regional Coordinator.

Thank you for your time and assistance with regards to this inquiry.

The caller selected option:	Life Threatening		Actual Call Type:	Hazardous Complaint	
Transcript # 01702949	Date/Time Received – Mailbox 6/3/2019 8:36 PM		Date/Time Retrieved from Mailbox 6/3/2019 9:07 PM		
Establishment Name:	Universal Orlando Volcano Bay				
Establishment Address:	6300 Universal Blvd Satsuma, FL32189				
Establishment Phone #:					
Caller's Contact Information – Potential Privacy Data					
Caller's Name	(b)(7)(C)				
Caller's Phone#:	(b)(7)(C)				
Caller Provided Narrative:  Summary: The caller is reporting that there is an electrical current that has sent 6 employees and several guests to the hospital in the past few days. Management has failed to do anything. People are feeling sick. The employees feel unsafe.					
Workplace or Caller's Zip Code:	32189	OSHA Reporting ID:	419700		
Date/Time referred to OSHA:		Immediate referral:	OSHA Office:	Jacksonville OSHA	
		No			
Referred to CSHO:			OSHA Phone #:		
Transcriber Name:	(b)(7)(C)	Special Considerations:			
Action: Will forward to local OSHA office.					

*Add the name of the JPA*

#### Contacted Authorities

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Contact Date/Time (EST)	Contact Name/Phone	Contact Comment	Made Contact?
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(b)(7)(C)

OSHA

UPA 146289

**From:** Complaint@dol.gov  
**Sent:** Thursday, June 6, 2019 9:50 PM  
**To:** OSHA - Complaints - TAMPA (F101)  
**Subject:** 31594932 EMPLOYEE COMPLAINT

(b)(7)(C)

within 5 working days of 06-JUN-19.

Below is the complaint information

FLORIDA

Tampa Area Office  
5807 Breckenridge Parkway, Suite A  
Tampa, Florida 33610  
(813) 626-1177  
(813) 626-7015 FAX

Establishment Name: Universal's Volcano Bay  
Site Street: 6300 Universal Blvd.  
Site City: Orlando  
Site State: Florida  
Site Zip: 32819  
Type of Business: Theme park

Rec'd  
JUN -7 2019

Hazard Description:

Electrical hazards in and out of the water at the theme park. Several employees have been electrocuted along with guests. Universal says they've fixed it but it occurred again after they claimed to fix it.

1461969

Hazard Location:

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In the lazy river, fast river, catch pools of several rides, several walkways, and the rollercoaster.  
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This condition has previously been brought to the attention of:

\* The employer

(b)(7)(C)



**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Notice of Alleged Safety or Health Hazards**

		Complaint Number	1462896
Establishment Name	Universal Orlando		
Site Address	1000 Universal Stidios Plaza		
	Orlando, FL 32819		
	Site Phone		Site FAX
Mailing Address	1000 Universal Stidios Plaza		
	Orlando, FL 32819		
Management Official		Telephone	
Type of Business			
Primary SIC		Primary NAICS	713110 - Amusement and Theme Parks
<b>HAZARD DESCRIPTION/LOCATION.</b> Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			
1. Inspection is already open UPA 1461464.			



**Source 1**

*Has this condition been brought to the attention of:*

*Please indicate Your Desire to Reveal Source:*

No

*The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form*

(Mark "X" in ONE)

☐ Employee ☐ Federal Safety and Health Committee  
☐ Representative of Employees ☐ Other (specify)

*Complainant Name*

(b)(7)(C)

*Telephone*

(b)(7)(C)

*Complainant Address*

*Complainant E-mail Address*

(b)(7)(C)

*Send UPA Results?*

No

*If no UPA results sent,  
why?*

*Signature*

*Date*

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

*Organization Name:*

*Your Title:*

## OFFICIAL USE ONLY:

Reporting ID	0420600
--------------	---------

Receipt Information	Received By	Send OSHA-7?	Date: 06/06/2019	CSHO Assigned	Supervisor(s) Assigned
	(b)(7)(C)	Yes No	Time: 05:50 PM	(b)(7)(C)	(b)(7)(C)
Receipt Type	Online	Electronic Complaint Number		31594932	

Industry & Ownership	Primary NAICS	713110 - Amusement and Theme Parks	Ownership	Private Sector
----------------------	---------------	------------------------------------	-----------	----------------

Complaint Evaluation	Evaluated By		Subject	Severity
	Is this a Valid Complaint?	No		
	Formality	Nonformal	Safety	
	Migrant Farmworker Camp? (Mark X if applicable)		Health Discrimination	No

Complaint Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
06/07/2019	Contact with Source	06/14/2019	Phone Discussion	No Action - Invalid Complaint/Referral	
06/07/2019	Valid = N			Added to UPA 1461464	

Complaint Responses				
Date Response Received	Type Response Received	Evaluation	Evaluated By	Other

Transfer to (Name)	Transfer Date
Transfer to Category	

Strategic Initiatives	
National Emphasis	
Local/State Emphasis	

Additional Codes			
Type	ID	Value	Description

Close Complaint	Y
-----------------	---

(b)(7)(C) - OSHA

**From:** Complaint@dol.gov  
**Sent:** Monday, June 3, 2019 8:37 PM  
**To:** OSHA - Complaints - TAMPA (F101)  
**Subject:** 31590592 EMPLOYEE COMPLAINT

(b)(7)(C)

Below is the complaint information

FLORIDA

Tampa Area Office  
5807 Breckenridge Parkway, Suite A  
Tampa, Florida 33610  
(813) 626-1177  
(813) 626-7015 FAX

Establishment Name: Volcano bay  
Site Street: Universal blvd  
Site City: Orlando  
Site State: Florida  
Site Zip: 32819

Management Official: Channah zappatowsky  
Telephone Number: 6192122207  
Type of Business: Water park

Hazard Description:

Electrical shock, extreme exposure to sunlight without shade.

Hazard Location:

Rainforest and river village

Rec'd TAO  
6/4/19

This condition has previously been brought to the attention of:

\* The employer

(b)(7)(C)





OSHA English | Spanish

Find it in OSHA



A TO Z INDEX

OSHA WORKER EMPLOYER STANDARDS ENFORCEMENT CONSTRUCTION TOPIC NEWS/RESOURCES DATA TRAINING

## Inspection Detail

Case Status: CLOSED

Inspection: 1147027.015 - Universal Orlando Resort

### Inspection Information - Office: Tampa

Nr: 1147027.015 Report ID: 0420600 Open Date: 05/12/2016  
Universal Orlando Resort  
1000 Universal Studios Plazatransformer  
Attaction Union Status: NonUnion  
Orlando, FL 32819  
SIC:  
NAICS: 713110/Amusement and Theme Parks  
Mailing: 1000 Universal Studios Plaza, Orlando, FL 32819  
Inspection Type: Referral  
Scope: Partial Advanced Notice: N  
Ownership: Private  
Safety/Health: Safety Close Conference: 05/12/2016  
Emphasis: N:Amputate Close Case: 10/11/2016  
Related Activity: Type ID Safety Health  
Referral 1089931 Yes

*History*

Case Status: CLOSED

### Violation Summary

	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	1					1
Current Violations				1		1
Initial Penalty	\$12,471	\$0	\$0	\$0	\$0	\$12,471
Current Penalty	\$0	\$0	\$0	\$12,471	\$0	\$12,471
FTA Amount	\$0	\$0	\$0	\$0	\$0	\$0

*Referral  
1089931*

### Violation Items

#	ID	Type	Standard	Issuance	Abate	Curr\$	Init\$	Fta\$	Contest	LastEvent
1.	01001	Other	19100219 C03	08/15/2016	10/09/2016	\$12,471	\$12,471	\$0		I - Informal Settlement

*Amputation*

UNITED STATES  
DEPARTMENT OF LABOR

**FEDERAL GOVERNMENT**

White House  
Severe Storm and Flood Recovery Assistance  
Disaster Recovery Assistance  
DisasterAssistance.gov  
USA.gov  
No Fear Act Data  
U.S. Office of Special Counsel

**OCCUPATIONAL SAFETY AND HEALTH**

Frequently Asked Questions  
A - Z Index  
Freedom of Information Act  
Read the OSHA Newsletter  
Subscribe to the OSHA Newsletter  
OSHA Publications  
Office of Inspector General

**ABOUT THE SITE**

Freedom of Information Act  
Privacy & Security Statement  
Disclaimers  
Important Website Notices  
Plug-Ins Used by DOL  
Accessibility Statement

**U.S. Department of Labor**  
Occupational Safety and Health Administration

CSH  
(b)(7)(C)

**Referral Report**

Reporting ID	UPA Number	Receipt Date	Receipt Time	Receipt Type
0420600	1089931	10-MAY-2016	01:25 PM	Phone
Electronic Complaint Number				

Establishment Name	Universal Orlando Resort	Doing Business As (DBA)		
Related Inspections	1147027			
Industry & Ownership	Primary NAICS	713110 - Amusement and Theme Parks	Ownership	Private Sector
Type Of Business				

**Site Information**

Street Address 1:	1000 Universal Studios Plaza				
Street Address 2:					
County:	ORANGE				
City	ORLANDO	State	FLORIDA	Zip	32819
Management Official:	Laura Spina	E-Mail:			
Phone Number:	(321)-354-7494	Fax Number:			

**Business Address**

Street Address 1:	1000 Universal Studios Plaza				
Street Address 2:					
County:	ORANGE				
City	ORLANDO	State	FLORIDA	Zip	32819
Country	UNITED STATES OF AMERICA				

**Mailing Address**

Street Address 1:	1000 Universal Studios Plaza				
Street Address 2:					
County:	ORANGE				
City	ORLANDO	State	FLORIDA	Zip	32819
Country	UNITED STATES OF AMERICA				



**HAZARD DESCRIPTION/LOCATION.** Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

An employee's right index finger tip was amputated when it got caught in the drive belt pulley when pointing during a PM inspection at the projector transport unit at Transformers (attraction).

<b>Source 1</b>			
<i>Referred by:</i>		Employer/Employer Representative	
<i>Source Name</i>	(b)(7)(C)	<i>Telephone</i>	(b)(7)(C)
<i>Source Address</i>	UNITED STATES OF AMERICA		
<i>Source E-mail Address</i>	(b)(7)(C)		
<i>Send Referral Results?</i>	No	<i>If no results sent, why?</i>	RRI report

Referral Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
05/10/2016	Valid = Y				
05/10/2016	Contact with Employer	05/17/2016	Phone Discussion	Initiate Inquiry by Phone/Email to be followed by Letter	
05/11/2016	Do Inspection = Y			Est/Alleged Hazards under LEP,NEP, or SST	

## Opening Conference Worksheet

U. S. Department of Labor  
Occupational Safety and Health Administration

OSHA

1406250

Rpt. ID	Complaint Nr.	Referral Nr.	Assignment Nr.	CSHO ID	Inspection Nr.
	DBA Universal Orlando Resort				
Establishment Name Universal City Development Partners LLC					
Site Address	7247 Turkey Lake Rd 32819		Site Phone		Site FAX
Mailing Address	1000 Universal Studios Pk 32819		Mailing Phone		Mailing FAX
Controlling Corp.			Employer ID		

Number of Employees	Number of Covered Employees	Number of Employees Controlled by Employer	SIC Code	NAICS Code	Interstate Commerce
(b) (4)					

Entry		Opening Conference		Walk-Around	
Date	Time	Date	Time	Date	Time
6/5/2019	11:45	6/5/19	12:00		

Employer Representatives Contracted	Name	Title	Function	Walk-Around
	Bob Sharpe	Asst Dir Operation		
	Beverly Dewoody	VP EHS		
	(b)(7)(C)			
	Carlos Scheizer	SR Dir		
Employee Representation OSH Act 8(a) Employee Participation	Name	Title	Function	Walk-Around
	Marc Reffen	VP Safety Engineering		
	Union Name	Representative Name	Title	
	Local No.	Yolo No.	Organization	Title
	Address	Home Address		

Inform Employer of:	<input checked="" type="checkbox"/> Walkthrough (items on complaint, plain site, issues identified by employees, possible referrals to CSHOs) <input checked="" type="checkbox"/> Expansion may occur based on info from records, program review, & walk-around inspection - 8(a)(2) <input checked="" type="checkbox"/> Trade Secret/Proprietary Information disclaimer, Pictures & Video - Section 18	<input type="checkbox"/> Pictures and videotaping (recording sound) <input type="checkbox"/> Confidential/Private employee interviews - 8(a)(2) <input type="checkbox"/> Employee Rights - 11(c) <input type="checkbox"/> Outside contractors on site <input checked="" type="checkbox"/> Safety and Health Program Evaluation <input checked="" type="checkbox"/> Closing conference (describe any apparent violations found and other pertinent issues)
---------------------	---	--

Record Keeping & Related Information:	Req. Date/Time	Rec.
		<input type="checkbox"/> OSHA 300 logs for 2004, 2005, 2010, 2011, 2012 <input type="checkbox"/> OSHA 300A Form for 2008, 2009, 2010, 2011

Health & Safety Programs & Training Records	Req.	Rec.	Req.	Rec.	Req.	Rec.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety and Health Program Evaluation	<input checked="" type="checkbox"/> Written Safety and Health Program <input checked="" type="checkbox"/> Communication to Employees - Orientation/Annul <input checked="" type="checkbox"/> Enforcement <input checked="" type="checkbox"/> Safety Training Program	<input type="checkbox"/> Health Training Program <input type="checkbox"/> Accident Investigation Performed <input type="checkbox"/> Preventative Action Taken
--------------------------------------	---	---

PPE Required	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Tyvek Suits <input type="checkbox"/> Other
--------------	---

# Open Conf Call TAO & Sec of Complaint  
 1000 Universal Studios Plaza  
 Orlando 32819  
 101 Not Complete (Informed copy is available)

APV  
7:35 pmNot in guest  
view



NATURE / SCOPE / HISTORY:

Complaint # 1961464 / Partial Electrical Hazard / Previous inspection

OPENING CONFERENCE NOTES:

Opening Conference

COVERAGE (Interstate Commerce) INFORMATION:

Trucks, Material ship accross  
Own by NBC Corporate office NY NY

WALKAROUND & PROCESS INFORMATION:

6/5/2019

OSHA

Inspection Checklist  
& Field Notes

Inspection Number

Complaint Number

Amendment Number

Report Number

OSHA ID: 22300701

H. Peltier - V. M. Mc  
N. N. N. N. N.

On Sunday 6/2/2019 Team members were  
shock → slight tingling experienced  
by Life Guard (b)(7)(C) at the  
pool tube back to conveyor, while  
standing in the water (2 in deep). Reported  
to Life Guard lead (b)(7)(C) → that  
something didn't feel right.

Initial was from Taniwha Tubes (4 slides  
into 1 Pool). Another Life Guard came from  
Teawa (Lazy River) Area and said they  
experienced tingle on the same day.  
Ruger Station Area closed off near Teawa  
closed on Sunday prior to tingle because

5/6/2019

OSHA Inspection Checklist  
& Field Notes

Inspection Number  
Complaint Number  
Assignment Number  
Report Number  
CSPD ID: W180004

of low voltage, on equipment  
the ground / sidewalk in  
~~Waka~~ Whaka Waiwai (Park /  
Perimeter Outdoor Area). Eats

Ground Voltage Measures at 20-30 volts  
AC / DC ??? Found Cable 480V/277

Ground (Running from Xform Tb to  
Volcano) that Night Trouble Shook  
turn off Tb Ground Voltage went  
away. Isolated fault to Cable

L<sub>1</sub> L<sub>2</sub> L<sub>3</sub> L<sub>4</sub> Neutral  
9 9 9 9

1 phase 1 of the 4 cables had an issue.



5/6/2019

OSHA

Inspection Checklist  
& Field Notes

Inspection Number:

Complaint Number:

Assignment Number:

Report Number:

CHICAGO, ILLINOIS

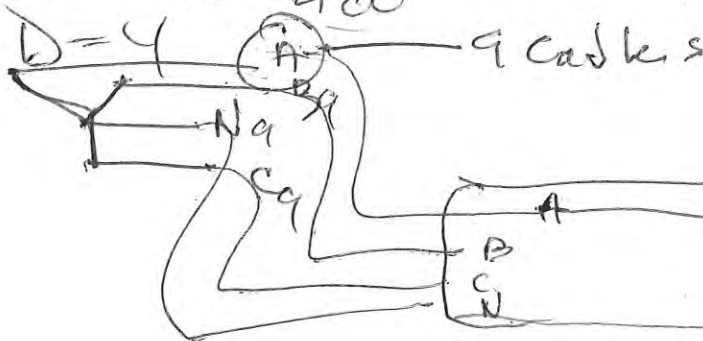
II. Hazards: Yes = No  
IV. Notes: Drawings

{ A, B, C, N } A..

Volt  
12470

1 Megohm to Isolate

480



1 cable on A ground  
Measured

Continual - 0 ohms  
Cable to ground  $\rightarrow \infty$

Cable to ground  $\approx$  Low  $\Omega$

Breaker to Y side  
of X former

Corrective Measure Taken

OSHA

Inspection Checklist  
& Field Notes

Inspection Number

Complaint Number

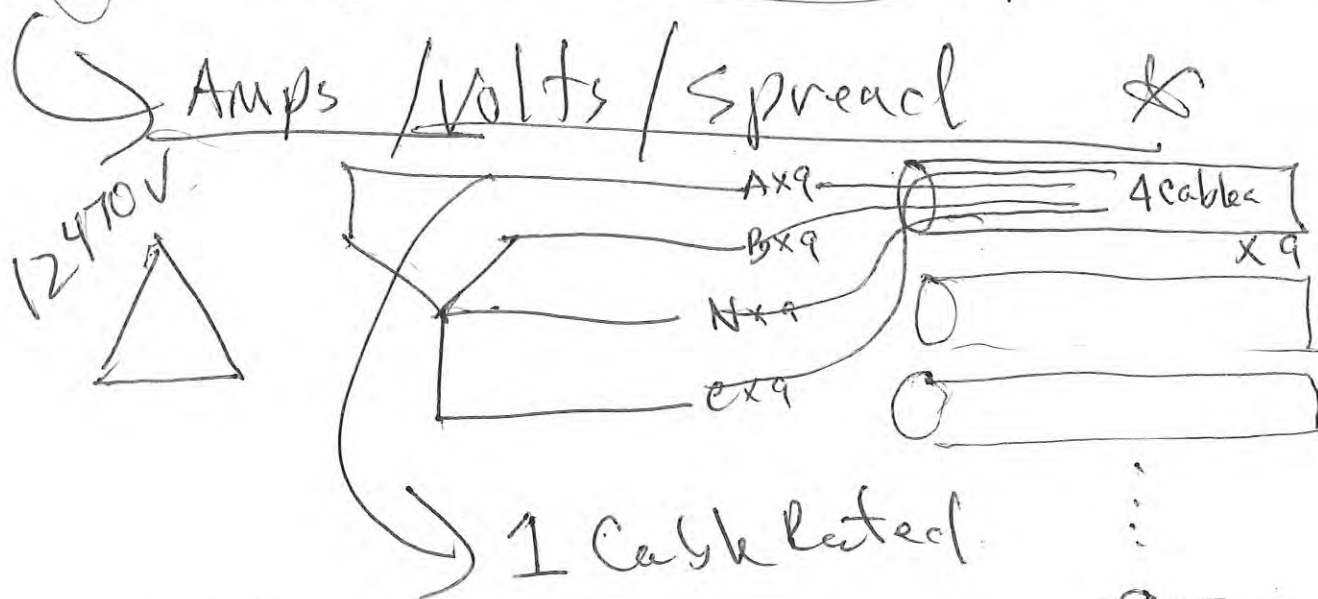
Assignment Number

Report Number

OSHA ID: V-100000000

\* 3 Cables & Neutral Identified (A phase cable which was bad) 36 total (32 still in use)  
Each Conduit Has 4 Cables

(A, B, C, N) phase 750 mcm size of cable



75°C 475 Am

480 Line to Line

270 Line to Neutral

9 Times

\* Determined faulty cable group of 4 Cables  
750MCM Each (A cable identified) 4 cables  
take off line (disconnect from Secondary & Breaker).



Company	Inspection Location	Inspection Number
Apparent Violation	Abatement Measures	Possible Abatement Dates
<p>3 park/pools/features are still down because want to make sure: Guest and employees are</p> <p>Kaniwha Tubes, Te Awa, Rymamuka Reef still down. Transducer are located next to Whakawaiwai Eats (Guest Mentor to Life Guard) Later Life Guard felt something.</p> <p>Off</p> <p>3 k Amp X Breaker being monitor at LCI</p> <p>Breaker 3k Amp (<u>Load &lt; 500 Amps</u>) / 9</p> <p>= 260 Amp / 270 Volts</p>		

Water Table, Significant Rainfall.

(b)(7)(C)

→ got into water

(b) (4)

(b) (4)

(b) (4)

6/7/2019

city & loc to inspect tonight.

(b) (7)(D)



(b) (4)

(b) (4)

U.S. Department of Labor

Occupational Safety and Health Administration  
Tampa Area Office  
5807 Breckenridge Parkway, Suite Suite A  
Tampa, FL 33610



Date: 6/5/2019  
To: Barbara DeWoodly  
Ref: Document / Info Request

Subject: Information and/or Documents Request No. 1

Please provide the following requested information and/or documents by 6/10/2019

- (1) Engineering Schematic Drawing TB - Breaker
- (2) Contact Info for (b)(7)(C) (Phone Number)
- (3) Contact Info for (b)(7)(C) that assist in disconnect
- (4) Contact Phone for (b)(7)(C)
- (5) (b)(7)(C) Phone (contact) Info

If you have any question regarding this request, do not hesitate to contact me.

( ) A photocopy of the document is requested.

(X) Send copy via e-mail: (b)(7)(C)@dol.gov

( ) A copy for review is requested.

If you have any questions regarding any of the matters discussed in this letter, please contact me at your earliest convenience.

Sincerely,

For: Maveline Perez (e-signature)

Leslie L. Grove III  
Area Director

# Closing Conference Worksheet

U. S. Department of Labor  
Occupational Safety and Health Administration



Company	Inspection Location	Inspection Number
Date	Time	CSHO

## Employer Representatives Contracted

Function Codes:  
C=Closing Conference  
M=Other Mgmt. Official

Name	Title	Function
Name	Title	Function
Name	Title	Function
Name	Title	Function

## Checklist

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> For each apparent violation: <ul style="list-style-type: none"> <li>- Nature of the violation</li> <li>- Abatement measures</li> <li>- Possible abatement dates</li> </ul> </li> <li><input type="checkbox"/> Citations are sent via certified mail and included OSHA Pamphlet 3000. Give Employer Rights and Responsibilities Following an OSHA Inspection.</li> <li><input type="checkbox"/> Citations must be posted at or near the place where each violation occurred.</li> <li><input type="checkbox"/> The citation must be posted until the violation is corrected or for a minimum of 3 working days.</li> <li><input type="checkbox"/> Abatement plans must also be posted near where the violation occurred.</li> <li><input type="checkbox"/> There are three course of action you can take if you receive citations: <ol style="list-style-type: none"> <li>1. If you agree to the citation and penalty, you must correct the violation according to the abatement date and pay any penalties</li> <li>2. You may schedule an informal conference within 15 days of receipt of the citations with the area director to discuss the following: <ol style="list-style-type: none"> <li>a. Better explanation of the violations</li> <li>b. Better explanation of the standard that applies</li> <li>c. Discuss abatement methods</li> <li>d. Discuss abatement dates</li> </ol> </li> <li>3. If you do not agree with the citation, penalty, or abatement date, you have 15 days to file a letter of contest with the area office.</li> </ol> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Bring abatement information and other information with you to the informal conference.</li> <li><input type="checkbox"/> If you do not contest or schedule an informal conference, the citations will become a final order.</li> <li><input type="checkbox"/> The OSH Act prohibits employers from discriminating or discharging an employee who has exercised their right under the law to file an OSHA complaint.</li> <li><input type="checkbox"/> Free onsite Consultation is available to the employer from OSHA ONSITE consultation.</li> <li><input type="checkbox"/> Union Rights<br/>If the company contests the citations, the employees have the right to elect "party status" before the review commission. The employees must be notified by the employer if a notice of contest is filed or a petition for modification of abatement is filed. The union has a right to contest the abatement date. The contest of abatement must be in writing within 15 days of receipt of the citations.</li> <li><input type="checkbox"/> Petition for Modification of Abatement (PMA). If unable to meet an abatement date, the petition must be submitted as soon as possible, but no later than 1 working day after the abatement date. Provide reasons why additional time is needed (scheduling, back order, sampling results, etc). OSHA may conduct a monitoring inspection to ensure adequate progress has been made.</li> <li><input type="checkbox"/> Provide SBREFA Letter.</li> </ul> |
|--|---|

## Information Given

<b>Regulatory Publications &amp; Forms</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 29 CFR Parts 1900 to 1910.999</li> <li><input type="checkbox"/> 29 CFR Parts 1910.1000 to End</li> <li><input type="checkbox"/> 29 CFR Part 1926</li> <li><input type="checkbox"/> OSHA 300 Injury &amp; Illness Form</li> </ul>	<b>General Industry Publications</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Control of Hazardous Energy (3120)</li> <li><input type="checkbox"/> Permit-Required Confined Spaces (3138)</li> <li><input type="checkbox"/> Personal Protective Equipment (3151)</li> <li><input type="checkbox"/> Hearing Conservation (3074)</li> <li><input type="checkbox"/> Respiratory Protection (3079)</li> <li><input type="checkbox"/> Sling Safety (3072)</li> <li><input type="checkbox"/> Safeguarding Equipment &amp; Protecting Workers from Amputations (3170)</li> </ul>	<b>Construction Publications</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Construction Industry Digest (2202)</li> <li><input type="checkbox"/> Scaffold Use in the Construction Industry (3150)</li> <li><input type="checkbox"/> Excavations (2226)</li> <li><input type="checkbox"/> Lead in Construction (3142)</li> </ul>
---	--	---

## Citation Items Covered

☐ Items covered located on back side.



Inspection  
Narrative

Field Notes

**CLOSING CONFERENCE NOTES:**

No Violations Observed	<input checked="" type="checkbox"/>	<b>Comments:</b>
Gave Copy of FOIA Act	<input checked="" type="checkbox"/>	
Reviewed Hazards & Standards	<input type="checkbox"/>	
Offered Abatement Assistance	<input type="checkbox"/>	
Gave Copy of OSHA 3000	<input type="checkbox"/>	
Discussed OSHA 3000	<input type="checkbox"/>	
Encouraged Informal Conference	<input type="checkbox"/>	
Discussed Consultation Program	<input type="checkbox"/>	

Possible Citations

CSHO Signature

Date



United States of America  
Department of Labor  
Occupational Safety and Health Administration

(\*\*\*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.\*\*) I understand that this statement will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statute(s) and agency policy. N/A Initial (\*\*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.\*\*) N/A

X **11(c)(1) of OSH Act:** No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act. Initial (Applies to all)

Name: Mark Peffer Address: 1000 Universal Studios Plaza #600  
City: Orlando State: FL Zip: 32819 Phone/Email: (407)224-4637  
I am/was (circle one) employed by: Universal Orlando Resorts From: 2006 to: Present  
Position: VPSafety / Engr Time in Position: 3yrs Supervisor: David Winslow

I hereby swear or affirm and say:

1. On Sunday 6/2/2019 We were notified by
2. a guest/visitor of our Orlando Resort
3. Park at Volcano Bay that they felt a
4. tingling while walking near Whalca-
5. Wainwai Falls and they were not quite
6. sure what it was. Subsequently I began
7. to receive emails/text messages that
8. techs had quarantined the area to
9. keep guest out of the area and to
10. search/start to trouble shoot for a
11. possible source of stray voltage as
12. a result of digging or maybe planting.

1. I arrived on site in the latter part  
2. of the afternoon to find that there  
3. were reports of similar conditions  
4. detected in the pool and river  
5. area. It caused me enough con-  
6. cern to declare that we were closing  
7. the entire park. On this same day  
8. We were able to determine that  
9. a circuit from the Orlando Utility  
10. Commission (OUC) to our Volcano  
11. Equipment Room (Bldg 330) was  
12. shorting to earth ground and causing  
13. visitors and employees in the pool  
14. area to feel electrical tingling.  
15. The circuit and all others in the  
16. Conduit have been taken off line  
17. at the breaker and the Secondary  
18. Side of the Transformer. Both ends  
19. of this circuit is secured and only  
20. accessible by authorized and trained  
21. staff. The over Breaker Panel is controlled  
22. access and being monitored at the  
23. LVD Breaker Panel for any variation  
24. from circuit / current flow or  
25. changes. No employees or guest are  
26. back in the 3 pools (Taminha Tubes,  
27. Teana and Runamukka Reef). We are  
28. considering what options and or steps  
29. to take such as 3 party consultation  
30. before opening the 3 pools to  
31. employees and or guest. We tested  
32. for stray voltages after disconnecting



1. the identified (short to earth) circuit  
2. and there is no longer any  
3. surface or Pool voltages detected  
that we are aware of.

5.

6.

7.

8.

9.

10.

11.

12.

Choose one of the first two (2) statements:

☒ Initial I have read and understand the foregoing statement of 3 pages. I have been given the opportunity to make corrections. Each page is numbered. I have initialed each correction and initialed or signed each page.

OR

☐ Initial The foregoing statement of \_\_\_ pages has been read to me. I have been given the opportunity to make corrections. Any corrections have been read back to me. Each page is numbered. I have initialed each correction and initialed or signed each page.

AND

☒ Initial (Applies to all) I declare under penalty of perjury under the laws of the United States of America that this statement is true and correct to the best of my knowledge. I understand it is a felony under 18 U.S.C. § 1001 to knowingly and willfully make a false statement or omit material facts in relation to a federal investigation.

Review this statement with each witness: I request that my statement be kept confidential to the extent allowed by law – OR – initial here \_\_\_\_\_ to waive confidentiality.

☒ Refuse to Sign 6/5/2019  
Signature of Interviewee Date

(b)(7)(C) 6/5/2019  
Investigator Signature Date



Initials: \_\_\_\_\_ Page 3 of 3

United States of America  
Department of Labor  
Occupational Safety and Health Administration

(**THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.**) I understand that this statement will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statute(s) and agency policy. **(b) (7)(D)** Initial (**THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.**)

11(c)(1) of OSH Act: No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act. **NK** Initial (Applies to all)

(b) (7) (D)

(b) (7)(D)



(b) (7)(D)

United States of America  
Department of Labor  
Occupational Safety and Health Administration



(\*\*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.\*\*\*) I understand that this statement will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statute(s) and agency policy (b) (7)(D) Initial (\*\*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.\*\*\*)

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(b) (7) (D)

(b) (7)(D)

(b) (7)(D)

United States of America  
Department of Labor  
Occupational Safety and Health Administration



(**\*\*\*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.\*\*\***) I understand that this statement will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statute(s) and agency policy. **(b) (7)(D)** Initial (**\*\*\*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.\*\*\***)

**11(c)(1) of OSH Act:** No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act. **N/A** Initial (Applies to all)

**(b) (7)(D)**



(b) (7)(D)

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# United States of America

Department of Labor  
Occupational Safety and Health Administration



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**U.S. Department of Labor**

Occupational Safety and Health Administration  
Tampa Area Office  
5807 Breckenridge Parkway, Suite Suite A  
Tampa, FL 33610



Date: June 7, 2019

To: Barbara DeWoody, VP of EHS  
Universal City Development Partners, LLC. dba Universal Orlando Resorts

Ref: OSHA Inspection No. 1406250

Subject: Information and/or Documents Request No. 2

Please provide the following requested information and/or documents by June 14, 2019

1. Names and contact information, including phone numbers of all lifeguards who work are Splash Down Pools and Lacy River areas.
2. Names and contact information of the third party engineers who repaired the pool transformer inside RunnaMuka on or about June 5, 2019.
3. Signed copy of the latest.
4. Copy of the final electrical inspection of the RunnaMuka done by Orange County Building Inspector.
5. Electrical diagram (preferably simplified) for the RunnaMuka electrical lightning and pump circuitry.
6. OSHA 300, 301 for year 2019.

If you have any question regarding this request, do not hesitate to contact me.

( ) A photocopy of the document is requested.

(X) Send copy via e-mail: (b)(7)(C) @dol.gov

( ) A copy for review is requested.

If you have any questions regarding any of the matters discussed in this letter, please contact me at your earliest convenience.

Sincerely,

For: Maveline Perez (e-signature)

Leslie L. Grove III  
Area Director

U.S. Department of Labor

Occupational Safety and Health Administration  
Tampa Area Office  
5807 Breckenridge Parkway, Suite Suite A  
Tampa, FL 33610



Date:

6/5/2019

To:

Barbara DeWoodly

Ref:

Document / Info Request



Subject: Information and/or Documents Request No. 1

Please provide the following requested information and/or documents by 6/10/2019

- (1) Engineering Schematic Drawing T6 - Breaker
- (2) Contact Info (b)(7)(C) (Phone Number)
- (3) Contact Info for (b)(7)(C) that assist in disconnect
- (4) Contact Phone for (b)(7)(C)
- (5) (b)(7)(C) Phone (contact) Info

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Leslie L. Grove III  
Area Director





Name	ID#	Job Description	Dept/Location Description
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(b)(7)(C)

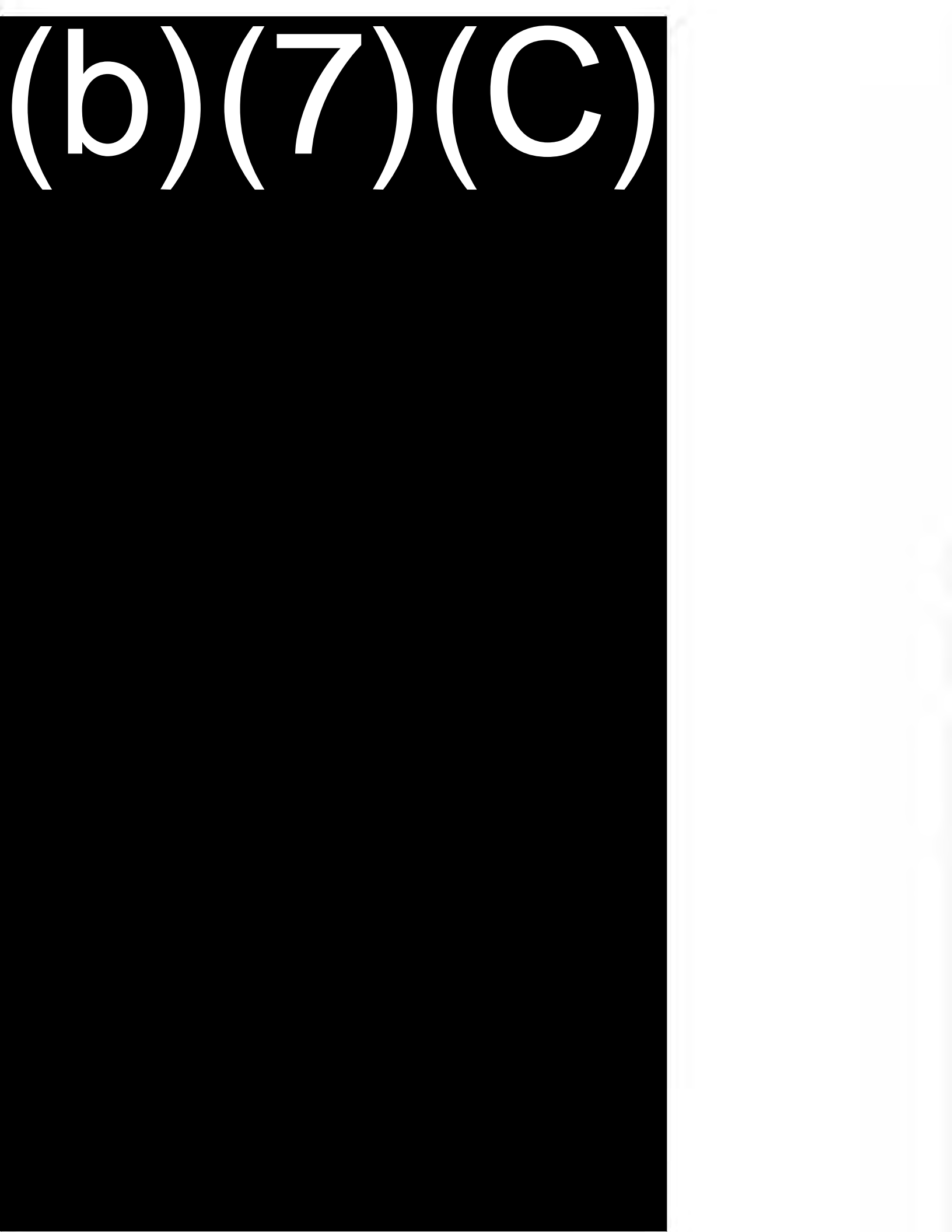


(b)(7)(C)

(b)(7)(C)



(b)(7)(C)



(b)(7)(C)



(b)(7)(C)



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## Inspection Detail

Case Status: **CLOSED**

Inspection: **1046906.015 - Universal Orlando Resort**

### Inspection Information - Office: Tampa

Nr: 1046906.015	Report ID: 0420600	Open Date: 03/17/2015
Universal Orlando Resort		
Building #B-79	Union Status: NonUnion	
Orlando, FL 32819		
SIC:		
NAICS: 713110/Amusement and Theme Parks		
Mailing: 1000 Universal Studios Plaza, Orlando, FL 32819		
Inspection Type:	Referral	
Scope:	Partial	Advanced Notice: N
Ownership:	Private	
Safety/Health:	Safety	Close Conference: 03/17/2015
Emphasis:	N:Amputate	Close Case: 05/05/2015
Related Activity:	Type	ID
	Referral	969187
		Safety
		Health
		Yes

Case Status: **CLOSED**

UNITED STATES  
DEPARTMENT OF LABOR

Occupational Safety and Health Administration  
200 Constitution Ave NW  
Washington, DC 20210  
☎ 800-321-6742 (OSHA)  
TTY  
www.OSHA.gov

### FEDERAL GOVERNMENT

White House  
Severe Storm and Flood Recovery Assistance  
Disaster Recovery Assistance  
DisasterAssistance.gov  
USA.gov  
No Fear Act Data  
U.S. Office of Special Counsel

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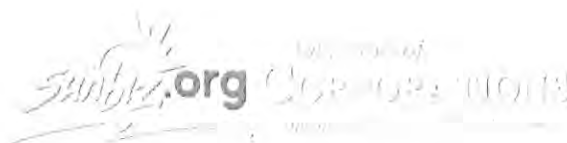
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Florida Department of State

DIVISION OF CORPORATIONS

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Florida Profit Corporation  
GNAN ENGINEERING SERVICES, INC.

**Filing Information**

**Document Number** P02000043799  
**FEI/EIN Number** 04-3652372  
**Date Filed** 04/16/2002  
**State** FL  
**Status** ACTIVE

**Principal Address**

3521 WILD EAGLE RUN  
OVIEDO, FL 32766

**Mailing Address**

3521 WILD EAGLE RUN  
OVIEDO, FL 32766

**Registered Agent Name & Address**

GNAN, JOHN W  
3521 WILD EAGLE RUN  
OVIEDO, FL 32766

**Officer/Director Detail****Name & Address**

Title C/T

GNAN, JOHN WPE  
3521 WILD EAGLE RUN  
OVIEDO, FL 32766

Title P/S

GNAN, ROBERTA P  
3521 WILD EAGLE RUN  
OVIEDO, FL 32766

**Annual Reports**

Report Year	Filed Date
2017	01/09/2017
2018	02/06/2018
2019	04/29/2019

**Document Images**

04/29/2019 – ANNUAL REPORT	<a href="#">View image in PDF format</a>
02/06/2018 – ANNUAL REPORT	<a href="#">View image in PDF format</a>
01/09/2017 – ANNUAL REPORT	<a href="#">View image in PDF format</a>
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01/18/2005 – ANNUAL REPORT	<a href="#">View image in PDF format</a>
03/09/2004 – ANNUAL REPORT	<a href="#">View image in PDF format</a>
04/21/2003 – ANNUAL REPORT	<a href="#">View image in PDF format</a>
04/16/2002 – Domestic Profit	<a href="#">View image in PDF format</a>

Florida Department of State, Division of Corporations